

Contest Entry Form and Release Agreement

School Address:	Phone Number:	
Principal's Name:	Email	Address:
Department of Education have t their presentation developed dur	he right to utilize photographs o ing participation in the Celebrat	fust Read, Florida! Office and the Florida of my child and any content of the Literacy Week, Florida!, 2015 Contest, and to deo, print, internet or web-based publications
do hereby release to the Just Rea this work publicly or privately, is website. I waive any rights, claim	nd, Florida! Office and the Flori- ncluding posting it on the Florions or interests I may have to con- perpetuity and agree that any use	therein or by descriptive text or commentary. I da Department of Education all rights to exhibit da Department of Education or other education and introl the use of child's identity or likeness in the es described herein may be made without
and acknowledge the circumstar	nces involved in my child's partistatement, understood its conte	tendering this voluntary contest, I understand icipation in the Celebrate Literacy, Week! 2015 nts, and executed it on my own free will and
I represent that I have read and a (Youth under 18 must have pare I have executed this document the	nt signature.)	ent and am competent to execute this agreement, 20,
(Signature of Parent or Guard	 ian)	
Contest photos must be submitted attached submission form by No.		g with a completed electronic copy of the
*	by Just Read, Florida! on the De	rights within the state of Florida: epartment of Education website, YouTube,
I	do hereby verify and certify t	hat the content of the enclosed submission is
free of copyright infringement	•	
(Principal or Teacher Signatu	re)	