

Parental Waiver
Florida Black History Month
“Past Pioneers + Present Role Models = a Brighter Future”

Student Name:

Grade Level:

Name of School:

Home Mailing Address:

Home Telephone Number:

Email Address:

I, _____, **(Print Name of Parent)**, hereby certify the following:

1. I am the parent of _____ (print name of student, hereafter referred to as “my child”).
2. My child is currently a Florida elementary student (grades K-3) and is currently a legal resident of Florida.
3. I give permission for my child to enter his/her artwork in the Black History Month Art Contest.
4. I understand that all rights to the submitted artwork, including copyright, will be owned by the Executive Office of the Governor and not by me or my child. This transfer of rights will allow the Office, at a minimum, to reproduce, distribute, and display the artwork as appropriate.
5. I give the Executive Office of the Governor permission to use my child’s name, photograph, voice, video image, biographical information, and his/her artwork for promotional purposes in print, radio, television and Internet promotion, without compensation or prior notice.
6. I agree to release and hold harmless the Executive Office of the Governor and its employees, officers, affiliates, agents, and advertising and promotional agencies from any and all damages, injuries, claims, causes of actions, or losses of any kind resulting from my child’s participation in this contest, including infringement of intellectual property rights. The Executive Office of the Governor and its employees, officers, affiliates, agents, and advertising and promotional agencies assume no responsibility or liability for any damages, injuries, claims, causes of actions, or losses of any kind arising in whole or in part from this contest.
7. I have read the official rules of this contest, and I further certify my child has followed these rules and is eligible to participate in this contest.

Parent Signature

Date