

Dem-Con Companies Poster Contest

RELEASE FORM

THIS FORM MUST BE COMPLETED AND SECURELY FASTENED TO THE BACK OF EACH POSTER SUBMITTED.

Student Name _____

Student Grade _____

School/Organization _____

School/Organization Phone Number _____

School/Organization Address _____

City/State/Zip Code _____

Teacher/Contact Name _____

Teacher/Contact E-mail _____

I hereby certify that this poster was created entirely by the student above, is the student's original artwork, and includes no copyrighted characters. I agree that it may be offered for public display or publication at some time during or after the contest. I understand this poster becomes the property of Dem-Con Companies and may be reproduced without remuneration to the artist. The only information that will be released is the student's name, school, grade, and hometown.

Signature of Student

Signature of Parent or Guardian

Print Name

Print Name

Date

Date