

ART CONTEST ENTRY/PARENTAL WAIVER FORM

Florida Hispanic Heritage Month

“Florida: Embracing Its Hispanic Roots While Looking to the Future”

Student Name: _____ County: _____

Title of Entry: _____

Mailing Address: _____

Home Phone No: _____ Age: _____ Grade: _____

Parent/Guardian Email Address (if available): _____

School Name: _____ School Phone No: _____

Release Statement:

As parent or legal guardian, I acknowledge that my child created the submitted artwork, and has followed all the guidelines and regulations stated above. Should he or she win the art contest, I agree to allow the submitted art to be distributed publicly. I also understand that if it is discovered my child’s artwork is not original, the artwork will be subject to disqualification.

Signature, parent/guardian name, and contact phone number:

Parent/Guardian Signature

Parent/Guardian Name (Print)

Parent/Guardian Telephone Number