

Tar Wars Authorization Release Form

I hereby authorize Tar Wars and the American Academy of Family Physicians (AAFP), my child's school, where the poster was created, and the acting Tar Wars state program to utilize

_____ (your child's name)

state and/or national poster contest submission and/or photograph for use in various promotional activities including:

- News releases to the media (television, radio, newspaper, magazine, outdoor advertising, etc.);
- Reproduction in Tar Wars, AAFP, and state Tar Wars program publications;
- Use on the official Tar Wars, AAFP, and state Tar Wars program websites; and
- Other non commercial efforts as determined by Tar Wars, AAFP, or state Tar Wars program.

The only information that will be released to the media is your child's name, age, and hometown.

If you accept these terms and conditions, please complete and sign this form to accompany your child's poster for entry into the state and/or national Tar Wars poster contests.

Child's Name _____

Child's Age _____ **Grade** _____ **Gender (circle one)** **M** **F**

Home Mailing Address _____

City _____ **State** _____ **Zip** _____

Home Telephone Number _____

E-mail Address _____

Name of Child's School _____

Printed Name of Parent or Guardian _____

Signature of Parent or Guardian _____

Today's Date _____

