

# ARTWORK AND PHOTOGRAPHIC RELEASE CONSENT FORM

Hillsborough County  
Public Schools  
DooDad Competition

A parent/guardian signature is necessary if the subject is under age eighteen. The requested information must be inserted by you before the form is signed.

I hereby grant to Hillsborough County Public Schools and their respective licensees, successors and assigns, the right and permission, with respect to artwork and photographs created or taken by / of me or the minor named below on whose behalf

I am signing, and with respect to any printed matter in connection therewith, to do the following:

1. To include such artwork and photographs in all media, advertising, publicity, and promotion thereof.
2. To use my name, or the name of the minor on whose behalf I am signing, in connection with the foregoing.

I hereby release, discharge and agree to indemnify and hold harmless Hillsborough County Public Schools and their respective heirs, legal representatives, licensees, successor and assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.

I hereby certify that any artwork submitted is the student's original work, created using his/her own ideas and processes and that no copyrighted material was used either directly or indirectly in the creation of this artwork.

Artwork Title
School Name
Teacher Name
Teacher Daytime Phone Number
Teacher Email Address

\_\_\_\_\_  
(Signature of Student - Creator / Subject of Artwork / Photograph)

\_\_\_\_\_  
Print Name of Student Artist

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip code

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
(Signature of Parent or Guardian of Minor Creator /Subject of Artwork / Photograph)

\_\_\_\_\_  
Print Name of Parent or Guardian

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip code

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Email Address