**Lead Awareness Photo Contest Release Form**

By submitting this photo, I hereby grant Panhandle Health District (PHD) and the Idaho Department of Environmental Quality (DEQ) permission to display and use my photo submission in future publications, including on the web and social media.

Furthermore, I permit PHD and DEQ to use my first and last name, in any media or website posts or written publications.

I hereby irrevocably authorize PHD and DEQ to exhibit, publish, or distribute this information for the purposes of publicizing PHD’s and DEQ’s programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy.

Your refusal to sign will not affect your ability to participate in the competition. If you choose not to sign this form, your name and personal information will not be disclosed.

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print Name)

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)