**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 child’s/children’s photo submission in future publications, including on the web and social media.

Furthermore, I permit PHD and DEQ to use my child’s/children’s 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 child’s/children’s ability to participate in the competition. If you choose not to sign this form, your child’s/children’s name and personal information will not be disclosed.

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

 (Print Name)

If two or more participants, please print additional names here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print Names)

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print Name)

Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)