

Entry Form - Please Print Clearly

Name (as you would wish it to appear in program)

High school Graduation Date or Anticipated Date of Graduation

Age as of June 30 of Competition year _____

Address _____

City _____

State/Province _____ Zip Code _____

Country _____

Phone _____

Instructor's Name _____

Instructor's Phone _____

Instructor's email _____

I give permission to Cape Vincent Arts Council to take and use my photo in their promotional material.

I release and hold harmless the CVAC and its agents from and against any claims or liability arising from or related to the use, publication or distribution of the photographs.

Signature _____ Date _____

Name _____ (please print)

Minor Release: For Persons 17 and under I am the parent or legal guardian of _____ and I give permission to CVAC to take and use my child's photo in their promotional material. I release and hold harmless the CVAC and its agents from and against any claims or liability arising from or related to the use, publication or distribution of the photographs.

Signature _____ Date _____

Name _____ (please print)