

**Entry Form – Please Print Clearly**

Name (As you wish it to appear in the program)

\_\_\_\_\_

High School Graduation Date or anticipated Date

\_\_\_\_\_

Age as of Competition date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/ Province \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

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)