

Release Form for Participation in AFCD Speech Contests

Conservation District Name _____

Area _____

All students participating in any Florida District, Area, or State AFCD/FCDEA speech contest must submit this form prior to participation:

STUDENT

Name:

First _____ Middle _____ Last _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Email _____

SCHOOL

Name: _____

Instructor's Name: _____

Grade: _____ Age: _____

Phone: _____ Email: _____

PARENTS OR GUARDIAN

Name: _____

Phone: _____ Email _____

I hereby acknowledge that I am the parent/ guardian of _____, and hereby give authorization for my child to participate in the AFCD/FCDEA speech contest at District level, and at Area and State levels, if selected.

This acknowledgement includes the right of AFCD/FCDEA to use my child's photograph and/or contents of his/her speech for educational or promotional purposes.

Signature: _____

Printed Signature: _____

Date _____