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## Release Form for participation in AFCD Speech Contests

Conservation District Name \_\_\_\_\_

All students participating in any Florida District, Area, or State AFCD 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.

Signed by: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

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