

2003 Authorized Release Form

I hereby authorize Tar Wars and the American Academy of Family Physicians (AAFP) to utilize (your child's name) _____'s state and/or national poster contest submission and/or photograph for use in various promotional activities, including news releases to the media (television, radio, newspaper, magazine, outdoor advertising, etc.), reproduction in Tar Wars and AAFP publications, use on the official Tar Wars and AAFP Web sites, and other efforts as determined by Tar Wars or the AAFP. The only information that will be released to the media include your child's name, age, and hometown.

Child's Name

Child's Age/Grade

Child's Social Security Number (will be kept confidential)

Name of Child's School

Home Mailing Address

City, State, and Zip

Telephone Number

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Today's Date

Tar Wars
_____®



**American Academy
of Family Physicians**

TODAY'S FAMILY PHYSICIAN – SPECIALIZING IN ALL OF YOU.