

Authorized Release Form

I hereby authorize Tar Wars and the American Academy of Family Physicians (AAFP), my child's school, where the poster was created, and the acting Tar Wars state program to utilize

_____ 's
(your child's name)

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, AAFP, and state Tar Wars program publications;
- use on the official Tar Wars, AAFP, and state Tar Wars program Web sites; and
- other non-commercial efforts as determined by Tar Wars, AAFP, or state Tar Wars program.

The only information that will be released to the media is your child's name, age, and hometown.

If you accept these terms and conditions, please complete and sign this form.

Your Child's Name _____

Your Child's Age _____ Grade _____ Gender: M F

Your Home Mailing Address _____

Your Home Telephone Number _____

Name of Your Child's School _____

Printed Name of Parent or Guardian _____

Signature of Parent or Guardian _____

Today's Date _____



American Academy
of Family Physicians

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

