

## 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 to accompany your child's poster for entry into the state and/or national Tar Wars Poster Contests.

**Child's Name** \_\_\_\_\_

**Child's Age** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Gender (circle one):** M F

**Mailing Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home Telephone Number** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name of Your Child's School** \_\_\_\_\_

**Printed Name of Parent or Guardian** \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_

**Today's Date** \_\_\_\_\_

Email: [Jhaas@aafp.org](mailto:Jhaas@aafp.org)

Mail: Joyce Haas, AAFP Tar Wars, 11400 Tomahawk Creek Parkway, Leawood, KS 66211



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS

