



## Entry & Release Form for participation in AFCD/FCDEA Speech Contests

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

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 \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_

Title of Speech \_\_\_\_\_

### PARENT OR GUARDIAN

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I hereby acknowledge that I am an adult (18) or the parent/guardian of said student listed above and hereby give authorization for said student to participate in the AFCD/FCDEA speech contest at the District, Area, and State levels, if selected. This acknowledgement includes the right of the SWCD/AFCD/FCDEA to use said student's photograph, video and/or audio recordings, and/or the contents of the speech for educational or promotional purposes.

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

Printed Name: \_\_\_\_\_

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

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