



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: _____
