

Permission Form

This contest is open to Fayette County residents of all ages. Please download and complete the form. Make sure to submit this with your artwork to be considered. Artwork may be displayed at the Fayette County Family Resource Network. If you want your original submission back, arrangements must be made for pick up before August 10, 2025.

Name: _____ Age: _____

Best method of contact : _____

Address: _____

How did you hear about the contest? _____

What is your reason to stay substance free?

Media consent

We would like to take a picture with the winners and their artwork, and possibly use their artwork for future community campaigns. Below, it will ask you to select if you do or do not consent to the publication of the image and likeness of the participant and their artwork. Please read the form carefully before making your selection.

I hereby give my consent for the image and likeness of the below named participant to be videotaped, audiotaped or photographed for the following uses:

- Educational/Instructional Media
- Recruitment/Outreach Media
- Development Media
- Newsworthy Media Documentation

I hereby give my consent for the image and likeness of the submitted artwork to be displayed, videotaped, photographed or reproduced.

I further authorize the Fayette Prevention Coalition and their component parts to use electronic media and/or photographs in any manner, whole or in part.

I hereby waive any right I may have to inspect or approve any use of electronic media and/or photographs, and I release the Fayette Prevention Coalition and its component parts from all liability which could result from its use.

Participant Name

Date

Parent or Guardian Signature

Date