



**Artwork Submission Form
Radon Poster Contest**

Teacher

Name: _____

School: _____

Address: _____

Phone: _____ Email: _____

Student

Name: _____

Phone: _____ Email: _____

Age: ____ Grade: ____

Title of Poster: _____

Parent or Guardian of Participant

Name: _____

Address: _____

Phone: _____ Email: _____

**** Please include this form with your poster***

Also, please complete and sign the following release information on the next page.

**Conference of Radiation Control Program Directors (CRCPD)
RADON POSTER RELEASE FORM**

I hereby give my consent to the Conference of Radiation Control Program Directors (CRCPD) and its legal representatives, employees, agents, and assigns to:

- Photograph, film, and/or videotape and then use, reproduce, and publish said images I have provided.

Use of said images and information, as may be edited by CRCPD, is given with full right of disposition in any manner whatsoever, including the right to publish on or in, but not limited to:

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- www.CRCPD.org
- publications authorized by the Board of Directors and/or Executive Director

I understand that the CRCPD and its legal representatives, employees, agents, and assigns cannot warranty or guarantee that, on publication of my images or text, any further dissemination of the information will be subject to CRCPD supervision or control. Accordingly, I release CRCPD, and its legal representatives, employees, agents, and assigns from any and all liability related to further dissemination of the information.

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I agree that photographs/negatives, film, or videotapes thereof made by CRCPD shall constitute the sole copyrighted property of CRCPD with full right of disposition in any manner whatsoever.

(Please print parent/guardians name)

(Please print child's name)

Parent/Guardian Signature

Date