TO BE COMPLETED BY PARENT OR GUARDIAN:

I/We understand that as part of our child's participation in The American Legion, Department of Florida Oratorical Contest, photos, videos, and quotations may be taken for use in publications and reports about the program. We further understand that members of the news media invited to cover the program may take photos, videos and quotations. We grant permission to use such materials for the promotion of the program.

I/We grant permission to The American Legion, Department of Florida and its subordinates, to use names and/or photographs for use in The American Legion publications such as recruiting brochures, newsletters, and magazines, and to use names and/or photographs on display boards, and to use names and/or photographs in electronic versions of the same publications or on The American Legion, Department of Florida web site or other electronic forms or media.

I/We hereby agree to release, defend, and hold harmless The American Legion Department of Florida and subordinates, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including, but not limited to, any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I/We (print full name(s)	am/are the parent or lega
guardian of the child named below. I/We have read this re	elease before signing below, and fully understand
the contests, meaning and impact of this release.	
Drinted full manner of contestant	
Printed full name of contestant	
Signature of parent or guardian & date	
g and a g	
Email of Parent or Guardian	
Phone number of Parent or Guardian	
Phone number of Parent of Guardian	
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