



10th Annual Guam Food Safety Education Month 2015



FOOD SAFETY VIDEO CONTEST

RELEASE FORM

I. PARTICIPANT INFORMATION

PRINT NAME OF STUDENT: _____

PRINT NAME OF SCHOOL: _____

Grade: 9th 10th 11th 12th HOMEROOM TEACHER'S NAME: _____
(Circle one)

II. PARENTAL/ GUARDIAN RELEASE FORM

I hereby give my child, or guardian child, permission to participate in the video contest which is sponsored by the Division of Environmental Health (DEH) of the Department of Public Health and Social Services (DPHSS) in partnership with the Guam Food Safety Task Force and Environmental Public Health Association.

I understand that the submitted video of my child, or guardian child, will become the property of DEH, and DPHSS may use the video in the format and manner determined by DPHSS to promote the video contest and other food safety activities.

I further authorize DEH to take photographs of my child, if necessary, for the purpose of promoting, publicizing, and/or advertising this and future contest and food safety activities.

PRINT NAME OF PARENT/GUARDIAN: _____

MAILING ADDRESS: _____

CONTACT NO.: _____ EMAIL ADDRESS: _____

SIGNATURE OF PARENT/ GUARDIAN

DATE

III. STUDENTS WHO ARE OF LEGAL AGE (if applicable)

/ / My signature below attests that I am of legal age and authorize DEH to retain my video as the property of DEH, which may be used to promote the video contest and other food safety activities. I authorize DEH to take my photograph for the purpose of promoting, publicizing, and/or advertising this and future contest and food safety activities.

PRINT NAME: _____

DATE: _____

SIGNATURE: _____