

Arbor Day Poster Contest
Release Form: Please print clearly and
attach to the back of each poster

Student's Name: _____
(Please Print Clearly)

School: _____

School Address: _____

City: _____ Zip Code: _____

County: _____

Teacher: _____

School's Phone: _____

Teacher email (required): _____

I HEREBY CERTIFY THAT THIS POSTER WAS CREATED ENTIRELY BY THE STUDENT ABOVE AND IS THE STUDENT'S ORIGINAL ARTWORK. I AGREE THAT IT MAY BE OFFERED FOR PUBLIC DISPLAY OR PUBLICATION AT SOME TIME DURING OR AFTER THE CONTEST. I UNDERSTAND THAT THIS POSTER BECOMES THE PROPERTY OF THE STATE OF MARYLAND AND MAY BE REPRODUCED. THE ONLY INFORMATION THAT WILL BE RELEASED IS THE STUDENT'S NAME, GRADE AND HOMETOWN.

Signature of Student

Signature of Parent/Guardian

Print Name

Print Name

Date _____

Date _____