

2014 Tar Wars Poster Authorized Release Form

This form must be completed and attached with a paperclip (**not stapled, taped, or glued**) to the school's winning poster before sending it to the state coordinator for the state poster contest. Posters must be sent to the state coordinator to be judged in the state poster contest. Each state selects one poster to be represented in the American Academy of Family Physicians (AAFP) Tar Wars National Poster Contest. Here is the link to locate your state coordinator <http://www.aafp.org/about/initiatives/tar-wars/contact.html>. Scroll to the bottom of the page to "Contact Your Local Coordinator," and click on your state using the map or use the drop down menu to locate your state's deadline and coordinator contact information.

The American Academy of Family Physicians Tar Wars National Poster Contest **deadline is May 15, 2014**.

I hereby authorize Tar Wars and the American Academy of Family Physicians, my child's school, where the poster was created, and the acting Tar Wars state program to utilize

(your child's name)

State and/or national poster contest submission and/or photographs for use in various promotional activities, including:

- News releases to the media (television, radio, newspaper, magazine, outdoor advertising, etc.)
- Reproduction in Tar Wars, AAFP, and state Tar Wars program publications
- Use on the official Tar Wars, AAFP, and state Tar Wars program Web sites, and
- Other non commercial efforts (such as Tar Wars page on Facebook) as determined by Tar Wars, AAFP, or state Tar Wars program.

The only information that will be released to the media is your child's name, age, and hometown.

If you accept these terms and conditions, please complete and sign this form to accompany your child's poster for entry into the state and/or national Tar Wars Poster Contests.

Please type or print legibly the information requested on the form.

Student Information				
Student's Name				
Home Address				
City, State and Zip Code				
Phone				
Student's Age		Grade		Gender (check one) <input type="checkbox"/> M <input type="checkbox"/> F
Printed or Typed Name of Parent or Guardian				
Signature of Parent or Guardian				
E-Mail				
Date				

If you have questions, please contact AAFP Tar Wars staff at 800-TAR-WARS (800-827-9277) or tarwars@aafp.org.