

Art Contest Application

Name \_\_\_\_\_

Other student(s) submitting this art entry: \_\_\_\_\_

Description of Entry: \_\_\_\_\_

High School year as of June, 2019: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Legal Guardian Release :

I give my permission for my child, \_\_\_\_\_, to submit this entry to the art contest. By entering the contest, I release and agree to hold harmless, Washington County Drug and Alcohol Commission, California University of PA, and each of their employees, from any liability whatsoever in connection with entering the scholarship, accepting any prize monies, or anything that may arise related to the contest.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

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Date: \_\_\_\_\_