



Entry/Release Form

For local contest entries & individual entries

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Seattle, WA 98125-8007
Phone: 206.517.2350
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www.wapc.org

Must be completed and included with poster entry at state-level contest.

POISON PREVENTION WEEK: POSTER CONTEST

School/Organization Name: _____

Teacher/Instructor Name: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: (_____) _____ Today's Date: _____

Email: _____

Student's Name: _____

Grade: _____ Age: _____

Release

In consideration for the opportunity to enter the Washington State Poison Prevention Poster Contest, participants agree to allow the Washington Poison Center to use their names and photographs for promotional and publicity purposes. In addition, participants agree to release copyright to their art and/or photo, and understand that it will become the property of the Washington Poison Center. By entering, participants agree to be bound by the rules and the decisions of the judges and the Washington Poison Center.

Child's Name: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: (_____) _____ Today's Date: _____

Parent/Legal Guardian's Name (please print): _____

Parent/Legal Guardian's Signature: _____

Participants accept all responsibility for late, lost, misdirected or illegible entries. Entries sent with insufficient postage will be disqualified. Washington Poison Center is not responsible for entries damaged, destroyed or lost during the judging process. Entries become the property of the Washington Poison Center upon receipt.

State-level contest conducted by:

Sponsored in part by:

