

City of Milwaukee DPW Poster Contest

## Release Form

THIS FORM MUST BE COMPLETED AND SUBMITTED WITH ELECTRONIC FILES.

Student Name \_\_\_\_\_

School/Organization \_\_\_\_\_ Grade \_\_\_\_\_

School/Organization Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

School Phone Number (\_\_\_\_\_) \_\_\_\_\_

Teacher/ Contact Name \_\_\_\_\_

Teacher/ Contact E-mail \_\_\_\_\_

Principal/ Contact Name \_\_\_\_\_

Principal/ Contact E-mail \_\_\_\_\_

Student/ Parent E-mail \_\_\_\_\_

Student/Parent Home Phone Number (\_\_\_\_\_) \_\_\_\_\_

I hereby certify that this poster was created entirely by the student above and is the student's original artwork and there are no copyrighted characters used. 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 City of Milwaukee and may be reproduced without remuneration to the artist. The only information that will be released is the student's name, school, grade, and hometown.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parents(s) or Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date