

Student Release Form

Student's First and Last Name: _____

Grade: _____

School or Organization: _____

Teacher/Activity Leader's first and last name: _____

School/Organization address: _____

City: _____ State: _____ Zip: _____

Student Home Address: _____

City: _____ State: _____ Zip: _____

Originality Certification

I hereby certify that this is my original work and that it is not copied from a publication, photograph, magazine, book illustration, website, or another person's artwork.

Teacher/Activity Leader Signature & Date

Student Signature & Date

Artwork Release

The undersigned release you, your agents and the Pitt County Substance Abuse Coalition, East Carolina University, and Pitt County Schools from any and all liability for damage, loss, or misappropriation of the art entry. The undersigned further agree that once the artwork is submitted to the Pitt County Substance Abuse Coalition, East Carolina University, and Pitt County Schools

it becomes the property of the Pitt County Substance Abuse Coalition, East Carolina University, and Pitt County Schools . The undersigned further grant East Carolina University School of Art and Design through the Pitt County Substance Abuse Coalition and Pitt County Schools, the right to authorize this work in an exhibition, a derivative work such as a video or a poster wherein the work is depicted as part of a region-wide campaign against violence and substance abuse. The undersigned further grant you, your agents and the Pitt County Substance Abuse Coalition, East Carolina University, and Pitt County Schools a gratuitous license to use the art entry and to photocopy or reproduce the same for non-commercial purpose.

Parent/Guardian Signature & Date

Student's Signature & Date