

15th Judicial District Drug Coalition

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**2011 Red Ribbon Week Poster Contest
MODEL CONSENT FORM**

Model Information –

Name: _____ DOB: ___/___/___ Phone: _____

Address: _____ City: _____ ST: ___ ZIP: _____

I, _____, hereby grant permission to the 15th Judicial District Drug Coalition to use my image and/or likeness without compensation and at their own discretion. I understand and consent that these may be broadcast to the public through, but not limited to, public service announcements, print and broadcast promotional materials, and web based formats. Furthermore I hold the members of the 15th Judicial District Drug Coalition, both collectively and individually, harmless in any and all claims related to the distribution, use, and/or release of these materials.

Signature: _____

Date: ___/___/___

Parent Signature: _____

(If under 18)

Model Consent Form(s) for all persons depicted in submissions must be attached to the Red Ribbon Week Poster Contest Entry Form when entering the Red Ribbon Week Poster Contest.