

ARSON WATCH REWARD PROGRAM

STUDENT POSTER SUBMISSION AND RELEASE FORM

COMPLETE ALL SECTIONS BELOW AND ATTACH TO BACK OF POSTER (No staples)

Please ensure correct spelling of students' names, as this information will be used on plaques, trophies, checks and other documents for all winning students. We will not be responsible for any misspelled names provided to us on the posters.

Student's Name: _____
(Only one named student per poster / Students allowed only one submission)

Grade: _____

School Name: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Name of Teacher or School Contact: _____
(Only one named teacher allowed per poster and in each submission package)

Email of Teacher or School Contact: _____

Phone # of Teacher or School Contact: _____

RELEASE MUST BE COMPLETED AND SIGNED BY PARENT OR GUARDIAN

Arson Watch Reward Program – Fire Safety Poster Contest

Permission to Release Information in Printed and Photographic Form

Student's Name - PRINT

Student's Signature

I am the parent or legal guardian of the above-named student and hereby give my permission to the Rhode Island Joint Reinsurance Association, sponsors of the Arson Watch Reward Program – Fire Safety Poster Contest, to use, without compensation, my child's poster, photo likeness, name, county, and school in the fire safety calendar and other fire safety correspondence, including publishing on website, newsletter, press releases and displays, or otherwise use the poster for fire prevention education in whatever manner it deems appropriate.

Parent/Guardian Name – Print

Parent or Guardian Signature

Date