



Artwork Submission Form Radon Poster Contest

Teacher

Teacher name _____

School _____

Address _____

Phone _____ Email _____

Student

Student name _____

Phone _____ Email _____

Age _____ Grade _____

Title of poster _____

Parent or Guardian of Participant

Parent or guardian of participant name _____

Address _____

Phone _____ Email _____

****Please include this form with your poster****

Please complete and sign the following release information also.

Minnesota Department of Health | Indoor Air Unit | 651-201-4601 | www.health.state.mn.us

08/2024 | To obtain this information in a different format, call: 651-201-4601.

Minnesota Department of Health (MDH) and Conference of Radiation Control Program Directors (CRCPD)

RADON POSTER RELEASE FORM

I hereby give my consent to MDH and the Conference of Radiation Control Program Directors (CRCPD) and its legal representatives, employees, agents, and assigns to:

- Photograph, film, and/or videotape and then use, reproduce, and publish said images I have provided.

Use of said images and information, as may be edited by CRCPD, is given with full right of disposition in any manner whatsoever, including the right to publish in print or online.

I understand that MDH and the CRCPD and its legal representatives, employees, agents, and assigns cannot warranty or guarantee that, on publication of my images or text, any further dissemination of the information will be subject to MDH or CRCPD supervision or control. Accordingly, I release MDH and CRCPD, and its legal representatives, employees, agents, and assigns from any and all liability related to further dissemination of the information.

In signing, I hereby release MDH and CRCPD and its legal representatives, employees, agents, and assigns from any and all claims whatsoever in connection with the use, reproduction, and publication of the images and information thereof.

I agree that photographs/negatives, film, or videotapes thereof made by CRCPD shall constitute the sole copyrighted property of CRCPD with full right of disposition in any manner whatsoever.

Parent/guardians name (print) _____

Child's name (print) _____

Parent/guardian signature _____ Date _____

_____ (Child's initials) I promise I have not used AI to create this poster image and that I created this poster myself.