

Reclaim Our Water Film Contest PARENTAL CONSENT FORM

THE PARENT / GUARDIAN

Full Name – Print (hereinafter referred to as "the Parent / Guardian")

THE CHILD

Full Name - Print (hereinafter referred to as "the Child")

Child's Birth Date: _____

Address : _____

If the Child is 14 years of age or older, I understand that, at this time, The County of Suffolk, NY intends to post the Work with the Child's full name, age, and state of residence to be listed as the Work's author on The County of Suffolk, NY's public web site.

For children 13 years of age or younger, information to be posted will be limited to the Child's first name, age, and state of residence, "unless the parent makes a hardcopy request to have additional information posted."

If the Child is 13 years of age or younger and you would prefer the Child's full name to be posted along with the Child's age and state of residence, please place an "X" here (otherwise, please leave blank)
_____ .

Signed (Parent / Guardian)

Date

Please sign and **email** the consent form with the entry form to: **ROWFilmContest@suffolkcountyny.gov**

An email will be sent to you verifying receipt of consent and entry forms.