



Ohio Poetry Out Loud  
**PARTICIPANT RELEASE FORM**

Participant Name: \_\_\_\_\_

School/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*If the above named individual is a minor, then a parent or legal guardian must read the statement below and sign for the above named individual.*

I, the undersigned either as the individual identified above, as the participant, or as the parent or legal guardian for the above identified individual, agree that the individual identified above as the participant may participate in workshops, contests, video programs, photographic images, and sound recordings as part of all *Poetry Out Loud* activities. I further understand and agree that video, photographic images or sound recordings produced as part of the program may be edited as desired and may be duplicated and distributed, in whole or part, for unlimited educational use by the State of Ohio, Department of Education, the Ohio Arts Council and its regional partners for Poetry Out Loud, and the Ohio Alliance for Arts Education, or for other similar purposes in perpetuity throughout the world.

I acknowledge my understanding and acceptance of these conditions by my signature below.

**Note: This form must be completed and signed at or prior to the time of recording.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please fax the signed form to 614-466-4494 OR scan & email it to [katie.swett@oac.ohio.gov](mailto:katie.swett@oac.ohio.gov) OR mail it to: Poetry Out Loud, Ohio Arts Council, 30 E. Broad St, 33<sup>rd</sup> Floor, Columbus, OH 43215.

You may also bring it with you to the workshop or semifinal. *Thank you!*