MM/DD/YEAR

*Please fill out each of the required fields below:*

Contestant Name:

Age:

Phone:

Email:

School Name:

Parent/Guardian Name:

Parent/Guardian Email:

Parent/guardian: I hereby grant, transfer, and assign to Dr. Kennette Thigpen, LCSW all my rights and interest in the essay that has been submitted. I acknowledge that this includes the right to use, re-use, publish, re-publish and otherwise use the essay. I authorize Dr. Kennette Thigpen, LCSW to include the minor’s first name, age, and city/state to identify the work. I hereby release and discharge Dr. Kennette Thigpen, LCSW from any and all claims and demands arising out of or in connection with the use of the essay, including without limitations any and all claims for libel or invasion of privacy. I have read and fully understand the foregoing and fully consent to it. This release shall be binding upon me and my heirs, legal representatives, and assigns. I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being the parent or guardian of the above-named minor, herby consent to and join in the foregoing release and consent on said minor.

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| --- | --- |
| Signature | Date |