

Artwork Submission Form Radon Poster Contest

Teacher

Name: _____

School: _____

Address: _____

Phone: _____ Email: _____

Student

Name: _____

Phone: _____ Email: _____

Age: ____ Grade: ____

Title of Poster: _____

Category Number: ____

1. What is radon?
2. Where does radon come from?
3. How does radon get into our home?
4. Radon can cause lung cancer.
5. Test your home for radon.
6. Mitigating radon in your home.

Parent or Guardian of Participant

Name: _____

Address: _____

Phone: _____ Email: _____

****Please tape this form to the back of the poster.***

Also, please complete and sign the following release information:

**Connecticut Department of Public Health (CT DPH) and
Conference of Radiation Control Program Directors (CRCPD)
RADON POSTER RELEASE FORM**

I hereby give my consent to the Connecticut Department of Public Health (CT DPH) and the Conference of Radiation Control Program Directors (CRCPD) and their 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 CT DPH and/or CRCPD, is given with full right of disposition in any manner whatsoever, including the right to publish on or in, but not limited to:

- www.ct.gov/dph
- www.radonleaders.org
- www.CRCPD.org
- publications authorized by CRCPD's Board of Directors and/or Executive Director

I understand that the CT DPH and the CRCPD and their 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 CT DPH and/or CRCPD supervision or control. Accordingly, I release CT DPH and CRCPD, and their legal representatives, employees, agents, and assigns from any and all liability related to further dissemination of the information.

In signing, I hereby release the CT DPH and CRCPD and their 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 CT DPH and/or CRCPD shall constitute the sole copyrighted property of CT DPH and/or CRCPD with full right of disposition in any manner whatsoever.

(Please print parent/guardians name)

(Please print child's name)

Signature of Parent/Guardian

Date

Signature of Minor Child

Signature of CRCPD Representative

Date