



Arkansas All-Region and All-State Coding Competition – MINOR RELEASE FORM

I, _____, by my signature below hereby agree and consent to allow my child to be a participant in the Arkansas All-Region and All-State Coding Competition. I further agree and consent to allow the Arkansas Department of Education (ADE) and its designees to take and make reproductions of photographs, audio and/or video recordings of my child _____ (child’s full legal name) without payment or any other consideration. I further agree and consent to the use, editing, alteration, copying, or publication of any photographic, audio and/or video images, recordings and/or reproductions of my child’s likeness or voice by ADE. I further agree and consent to the use, editing, alteration, copying, or publication of any contest submission data, code, answers, comments, or information conveyed as part of the competition.

I further consent and agree that said photographs, images, recordings, reproductions, data, code, answers, comments, or information conveyed are the sole property of ADE. This includes any legal claim or complaint for benefit, consideration or monies obtained as a result of the use of such photographs, images, recordings, reproductions of my child’s likeness or voice, data, code, answers, comments, or information conveyed as part of the competition.

Furthermore, without any claim or expectation of consideration, I, on behalf of myself, my child, and our heirs, representatives, executors, administrators, and any person acting on our behalf or on behalf of our estates, hereby consent and agree to hold harmless the ADE and any of its associates, employees or agents from any administrative, legal or ethical claim or complaint associated with the Arkansas All-Region and All-State Coding Competition and the release or use of any photograph, audio, video of my child, data, code, answers, comments, or information conveyed by my child that is in the possession or control of the ADE and is used or released as part of the normal course of business of the ADE and/or for purposes of promoting, administering, advertising, or publically announcing the results of the Arkansas All-Region and All-State Coding Competition.

By completing this consent form, I acknowledge that I have read the Arkansas All-Region and All-State Coding Competition Official Rules and agree to all conditions of entry and other specifications as detailed in the Official Rules for this competition.

The term of this authorization shall commence on the date of the submission and continue indefinitely.

Are you requesting an accommodation for the competition as allowed under a documented IDEA IEP or 504 plan? YES or NO (circle one) *If yes, please let your certifying principal know when submitting this form.*

Parent’s/Guardian’s Name (print)

Child’s Name (print)

Parent’s/Guardian’s Signature (cursive)

Child’s Signature (cursive)

Today’s Date

Child’s Date of Birth