



## PARENT ENTRY WAIVER

Instructions: Parents and/or legal guardians, please read this consent form and the enclosed contest rules carefully. If you wish to give consent, please complete and sign this form, and have your child include it in his/her entry packet for the Florida KidCare Act-Out for Health contest. Please note that submissions that are not accompanied by properly signed and completed waivers and any other necessary information or materials will not be accepted by Florida KidCare.

I, \_\_\_\_\_, am the lawful custodial and/or non-custodial parent/legal guardian of: \_\_\_\_\_. My child has my consent and permission to:

- Enter and participate in the Act-Out for Health Commercial contest, sponsored by Florida KidCare and the Florida Healthy Kids Corporation.
- Allow the child's name, age, grade level and school to be displayed along with their video.
- Participate in any media or promotional events, including any possible winner ceremonies, media interviews and publicity events related to the Act-Out for Health contest.

Privacy Disclaimer: Any personal information collected during the course of the Act-Out for Health contest by Florida KidCare will only be used for administering this competition, or as otherwise set out in the enclosed contest rules. Except where prohibited by law, participation in the Act-Out For Health contest constitutes the child's and his or her parent's/legal guardian's consent to the storage, use and disclosure of the child's entry details as set out in the enclosed contest rules.

I understand that upon submission, my child's entry packet and video becomes the sole property of Florida KidCare, and no submitted entry packets will be returned.

X \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature