

GAGC - Distinguished Elementary Gifted Student Award

RELEASE FORM

I hereby give the Georgia Association for Gifted Children (GAGC) permission to use my son/daughter's photo* and composition, submitted in connection with the GAGC Distinguished Elementary Gifted Student Award, in any publicity or announcements GAGC may make about the award or the award winners, should my son/daughter be selected for the award.

I further grant permission to GAGC to use my son/daughter's name, school name, and city and state in any publicity or announcement that uses his/her composition, and to make edits to the length of the composition as may be necessary.

I understand that neither I nor my son/daughter will receive any remuneration in connection with this permission and understand that the composition will not be returned to me.

Signature: _____

Parent's Name (please print): _____

Address: _____

City/State/Zip: _____

Daytime Phone _____ E-mail: _____

Name of Nominee: _____

Date: _____

*GAGC may request a photo of the award winner for use in award publicity and announcements.