

**GAGC - Distinguished Teen 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 Teen 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.