



2021 Veterans Day Poster and Poem Contest  
Paralyzed Veterans of America Great Plains Chapter  
Consent and Publicity Release Entry Form



**Mail to:** Great Plains PVA  
7612 Maple St.  
Omaha, NE 68134

**Contact:** Amanda Vazquez  
**Phone:** 402-398-1422  
**Email:** vazquez@greatplainspva.org

**Entries must be received by Friday, October 29, 2021.**

**PLEASE COMPLETE ENTIRE FORM (BOTH PAGES) AND PRINT CLEARLY.**

**Student Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**POSTER** Contest Eligibility: First – Fourth Grades

**POEM** Contest Eligibility: Fifth – Eighth Grades

**Participant Information (Teacher, Group Leader, Home-school Parent)**

Name of School or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone (day): \_\_\_\_\_ Email: \_\_\_\_\_

I have read the contest guidelines and affirm that this entry is in compliance with them. Entries must be original work, created by the student, never have been published in any other medium and the entrant must own all rights to reproduce the entries in any medium without restriction. All expenses involved in preparing and submitting an entry are the entrant's. Entry into this contest constitutes permission for the artwork and artist, or the poem and author, to be photographed for publicity purposes and for the work to be reproduced in any medium without time, use or territorial limitation without any additional compensation to the child, teacher(s), parent(s), or legal guardian(s). All federal, state, and local regulations apply. Void where prohibited by law. Taxes on any prize are the responsibility of the winner(s) and their family(ies).

Contact Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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*Read Before Signing*

I hereby grant Paralyzed Veterans of America, and all the persons using the submitted poster or poem with the consent of Paralyzed Veterans of America, the absolute right and permission to copyright, publish, edit, duplicate, and/or use the content in perpetuity and without any limitation or reservation, for any and all purposes of advertising, publications, social media, website, training, or trade, whether for internal or commercial purposes in any media, specifically including the electronic media, throughout the world.

Paralyzed Veterans of America shall be the absolute owner of the content. I authorize Paralyzed Veterans of America to publicize and/or display the content, or to provide the content to others of their choosing for display, without notice or payment of any royalty, fee, or other compensation of any character to me or my child for the use of the content. I specifically waive any right of inspection or approval with respect to the use of the content or any copy used in connection therewith.

I hereby release and discharge Paralyzed Veterans of America, and all other persons using the content with the consent of Paralyzed Veterans of America, from any liability resulting from the use of such content, and from any liability for what I might deem misrepresentation or defamation of me or my child due to distortion, alteration, optical illusion, digital manipulation, or faulty reproduction that may occur in the development or use of any advertising, promotion, training, or publicity incorporating the content referred to herein and any written material which is part of or connected with same.

I have read this Consent Form and Publicity Release, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. I represent that I am of full age and authority and have full right to make this release and to grant the rights herein granted.

Student Name: \_\_\_\_\_  
*(Please print)*

Parent or Guardian Name: \_\_\_\_\_  
*(Please print)*

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_