Joe Lombardo

*Governor*



**Department of**

**Health and Human Services**

Director’s Office

*Helping people. It’s who we are and what we do.*

**

Richard Whitley, MS

*Director*

MEDIA RELEASE CONSENT: ONE HEALTH

**YOUTH INFORMATION:**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/LEGAL GUARDIAN INFORMATION:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: (\_\_\_\_\_\_\_\_) - \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

**CERTIFICATION AND PERMISSION TO PARTICIPATE:**

I attest that the accompanied artwork/design is the work of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[Print child’s full name]

I certify that the artwork submitted is my child’s original creation. I give permission for him or her to participate in the 2023 Nevada One Health Art Logo Contest. I hereby grant full permission to the Nevada Department of Health & Human Services, and their divisions and affiliates (the “Contest Entities”) to use any photographs, videotapes, website images, recordings, or any other record of this event. I agree that information above is accurate to the best of my knowledge and may be used to send me additional information about the Nevada Department of Health & Human Services programs. I understand that all youth must complete the entire registration form to be eligible to participate in this contest.

I have carefully read the Nevada One Health Art Logo Contest Official Rules\* and fully understand and agree to all contest rules and guidelines. Students who do not complete all components will not be considered a participant of the contest.

Parent or Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_