

GRADE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

## ENTRY FORM

ALL ENTRIES MUST BE POSTMARKED BY DEC. 31, 2017. No purchase necessary to enter.

Send your entry to: **Pennsylvania State Education Association,**  
Attn: **My Teacher is an Olympian Contest, P.O. Box 1724, Harrisburg, PA 17105**

**Student's full name:** \_\_\_\_\_

**Parent or guardian's name:** \_\_\_\_\_

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

**Phone number:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

## PARENT/GUARDIAN RELEASE

### Background

Acting on behalf of myself and my minor child, I, hereby recognize that the Pennsylvania State Education Association, Pennsylvania PTA, and the PSEA Education Foundation (hereinafter "Organizations") may use, reproduce, publish, or otherwise display written materials submitted by my minor child in connection with the "My Teacher is an Olympian Contest," ("Contest") for non-commercial purposes.

I hereby grant to the Organizations and their successors and assigns an irrevocable, non-exclusive, royalty-free, transferrable license to use, reproduce, publish, or otherwise display materials prepared and submitted by my minor child in connection with the Contest, including making reference to my child's first name, his or her age, teacher, school building, and school district. I, for myself and on behalf of my minor child, further release the Organizations from any and all liability for damage, loss, or misappropriation arising from or related to the materials during and after the Contest.

I acknowledge that: (i) the Organizations shall own the materials, all uses of and rights thereto, and all rights under this Release; (ii) neither I nor my minor child has any rights to the materials or any uses of or rights thereto; and (iii) neither I nor my minor child has any right to receive any compensation or consideration therefore.

I represent and warrant that I am the parent or legal guardian of \_\_\_\_\_, who is less than eighteen (18) years of age. On behalf of my child, I agree to the terms and conditions of the Contest.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of nominee(teacher):** \_\_\_\_\_

**School:** \_\_\_\_\_ **School District:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**Student First Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**My nominee would make a good Olympian because:**

**1)**

**2)**

**3)**

**The picture below illustrates reason number** \_\_\_\_\_