# Graphical user interface  Description automatically generated with medium confidence

# Media Release and Consent Form

# (For minors)

Selected artwork may be used by Marion County Health & Human Services and local organizations in the development of a countywide calendar, social media graphics and other media efforts to raise awareness that:

* Gambling is an activity that can be risky, and
* Resources available for prevention and treatment of problem gambling.

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| --- | --- |
| Date:  | Age and grade of the student:  |
| Name of parent or guardian (please print):  |
| Name of student: (please print):  |
| I am the parent or legal guardian of the student listed above and am 21 years or older. I agree that Marion County Health and Human Services and local organizations Click or tap here to enter text. may use the artwork the student submits as part of the Problem Gambling Awareness Campaign.I understand that Marion County HHS and local organizations Click or tap here to enter text. may use the artwork the student submits for its publications such as:* A County wide Calendar
* Websites
* Social media platforms
* Broadcasts, or
* Other uses for the Problem Gambling Awareness Campaign project.

Marion County HHS and local organizations Click or tap here to enter text. may give out only the information needed for the Problem Gambling Awareness Campaign. They may not give out other information about the student for any other purpose. I understand that Marion County and local organizations' use of the artwork may identify the student by their first and last name. Also, as a minor by the publication of their grade level at the time they submit the artwork. |

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| Restrictions(check one): |[ ]  I place no restrictions on the artwork the student named above submits. |
|  |[ ]  The artwork must only be used for the Problem Gambling Awareness Campaign. Marion County HHS and local organizations Click or tap here to enter text. must ask to use them for any other purpose. |
| The Marion County HHS Middle School Art Search Contest does give prizes for students whose artwork is selected as a part of the campaign.  |
| Signature (parent or guardian):  |  |
| Signature (student):  |  |
| **Submit this consent form with the student’s artwork to the project coordinator. The form will be kept on file by Marion County Health & Human Services Prevention Team.** |