



## BE BOTHERED MOVEMENT Scholarship 2019-2020

### Parental Consent and Release Form

As the parent or legal guardian of (name: \_\_\_\_\_), a minor under the age of eighteen, I consent to have my minor participate in the Be Bothered Movement Scholarship 2019-2020. I consent to the release of my minor's name, art submission, and essay for use in social media and print publications related to the Be Bothered underage drinking and marijuana use prevention movement. I understand that these materials may be seen by the general public as part of the Be Bothered Movement's underage drinking and marijuana use prevention messaging campaign.

I hereby release Center for Collaborative Planning, Public Health Institute and its partners affiliated with the Be Bothered Movement Scholarship 2019-2020 from any and all claims in connection with my minor's participation.

I understand my minor retains the ownership of his or her art submission.

I am the parent or guardian of the minor identified above. I have read the above and fully understand its contents. I have read and agree to the full contest terms ([click here for full scholarship terms](https://www.bebotheredmovement.com/scholarship) or visit: <https://www.bebotheredmovement.com/scholarship>).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Minor's Name (please print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip