

The Fire Safety Project Video Contest

CONSENT OF PARENT OR LEGAL GUARDIAN

I, (please print your name) _____, hereby certify that I am the (please circle one) PARENT or LEGAL GUARDIAN of (please print name of Contest participant under the age of 13) _____, who wishes to participate in The Fire Safety Project Video Contest.

I hereby certify that I have read and understand The Fire Safety Project Video Contest Official Contest Rules, and I hereby grant my permission and consent for (please print name of Contest participant) _____ to participate in the Contest under the terms of entry outlined in the Official Contest Rules, and agree on his or her behalf to each of these terms of entry.

Print Name: _____

Signature of Parent or Guardian: _____

Address of Parent/Guardian: _____

E-mail Address: _____

Telephone/Cell Number: _____

Please email completed form to enter@thefiresafetyproject.com or fax to The Fire Safety Project Video Contest at (904) 899-6272.