

Teacher	
Name:	
School:	
Address:	
Phone:	Email:
Student	
Name:	
Phone:	Email:
Age: (	Grade:
Title of Pos	ter:
Category N	umber:
2. 3. 4. 5.	<ul> <li>What is radon?</li> <li>Where does radon come from?</li> <li>How does radon get into our home?</li> <li>Radon can cause lung cancer.</li> <li>Test your home for radon.</li> <li>Mitigating radon in your home.</li> </ul>
Parent or Guardian of Participant	
Name:	
Address:	
Phone:	Email:

## \* Please tape this form to the back of the poster

Also, please complete and sign the following release information.

## Conference of Radiation Control Program Directors (CRCPD) RADON POSTER RELEASE FORM

I hereby give my consent to the Conference of Radiation Control Program Directors (CRCPD) and its legal representatives, employees, agents, and assigns to:

Photograph, film, and/or videotape and then use, reproduce, and publish said images I have provided.

Use of said images and information, as may be edited by CRCPD, is given with full right of disposition in any manner whatsoever, including the right to publish on or in, but not limited to:

- <u>www.radonleaders.org</u>
- www.CRCPD.org
- publications authorized by the Board of Directors and/or Executive Director

I understand that the CRCPD and its legal representatives, employees, agents, and assigns cannot warranty or guarantee that, on publication of my images or text, any further dissemination of the information will be subject to CRCPD supervision or control. Accordingly, I release CRCPD, and its legal representatives, employees, agents, and assigns from any and all liability related to further dissemination of the information.

In signing, I hereby release CRCPD and its legal representatives, employees, agents, and assigns from any and all claims whatsoever in connection with the use, reproduction, and publication of the images and information thereof.

I agree that photographs/negatives, film, or videotapes thereof made by CRCPD shall constitute the sole copyrighted property of CRCPD with full right of disposition in any manner whatsoever.

The Kentucky Department for Public Health is collaborating with Conference of Radiation Control Program Directors (CRCPD) on this project. By signing the CRCPD Release form, you provide KDPH the same consents.

(Please print parent/guardians name)

(Please print child's name)

Signature

Date

Signature for minor child

Signature of CRCPD Representative





**Radon Program**