

# PHOTO-AUDIO FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Female:  Male:

Address: \_\_\_\_\_  
*street city, province/territory postal code*

Date of Birth: \_\_\_\_\_  
*mm dd yyyy*

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Yes I agree to be photographed/recorded during the course of the Concours. I understand that such photographs and/or recordings may be used by CPF for advertising and publicity purposes.  
 No

Yes I agree to deliver my speech during the awards banquet on Saturday May 28, 2016 if I am a 1st place winner. I understand that parts of this banquet, including my speech, may be recorded and/or broadcast on radio or television.  
 No

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name\*

\_\_\_\_\_  
Parent/Guardian Signature\*

*\*The signature of a parent or guardian is required for all participants under 18 years of age.*

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature