



ART CONTEST FOR KIDS CONSENT FORM

Name of Entrant: _____ Age of Entrant: _____

NOTE: *This completed form must accompany every entry.*

I, the undersigned custodial parent and/or legal guardian of _____, a minor child, hereby consent to his/her participation in the UPMC MyHealth Coloring Contest (the "Contest"), and grant UPMC Health Plan ("UPMCHP"), or its assignees, the right and license to use my child's original artwork for the purpose of illustration, publication, marketing, promotional use, broadcast, or other business use. I acknowledge that I have read and understood the attached Contest Rules, and that my child will be bound by the Contest Rules.

By signing this form, I also agree that my child's name and age may be displayed along with his/her artwork, and that he/she may participate in any media and/or promotional events (including any media interviews or publicity events) related to the Contest. I confirm that my child is a citizen or legal resident of the United States and will report any prize winnings to all relevant federal, state, and local tax authorities. I hereby release, discharge, and agree to hold harmless UPMCHP and its parents and affiliates and the directors, officers, and employees and agents of the foregoing, from and against: (1) any and all claims, actions, and demands of any nature arising out of or in connection with my child's submission of his/her artwork and the exercise of UPMCHP's rights hereunder; and (2) any liabilities arising out of redistribution or republishing of my child's artwork by any unauthorized third party.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Address: _____

City, State, Zip: _____

Home Telephone: _____

Work Telephone/Cellular Telephone: _____

E-mail Address: _____

Privacy Disclaimer: Any personal information collected during the course of the Contest shall be used only for administering this competition, or as otherwise set forth in the Contest Rules.

UPMC HEALTH PLAN