



# Leak Detective Contest Entry Form

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

School Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Share with us a little about yourself and include a picture. We will include the bio and picture with the winning story which will be featured on the FGUA website and FGUA Facebook page.



Please return the completed the Entry Form along with the Media Release, Short Story and any hand drawings or pictures by e-mail to: [Drippy.Holms@fgua.com](mailto:Drippy.Holms@fgua.com)



## My Leak Detective Story





## My Leak Detective Story





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### Media Release Form for Minor Child

Student's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

I, Parent/Legal Guardian of \_\_\_\_\_ hereby grants permission to the Florida Governmental Utility Authority (FGUA) and its agents and assigns, to use the above-named Child's photo or video, and likeness for the purpose of promotion by the FGUA, media and manners, for the following, but not limited to, news releases, photographs, video, audio, website, marketing, advertising, trade, promotion, exhibition for an indefinite period of time.

I give unrestricted permission for images, videos, and recordings of the child to be used in print, video, digital and internet media. I agree that these images and/or voice recordings may be used for a variety of purposes and that these images may be used without further notifying me.

I further acknowledge that I will not be compensated for these uses and the FGUA owns all rights to the images, videos, and recordings, and to any derivative works created from them.

I waive any right to inspect the uses of any printed or electronic copy. I hereby release the FGUA and its agents or assigns from any claims that may arise from these uses, including but not limited to claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright.

This Release expresses the complete understanding of the parties.

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

Printed Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

School Name: \_\_\_\_\_

Please return the completed Media Release Form along with the Entry Form, Short Story and any hand drawings or pictures by e-mail to: [Drippy.Holms@fgua.com](mailto:Drippy.Holms@fgua.com)