

The *Break the Silence* PSA Contest

Parental Consent

To be signed by parent/guardian of any/all contest participants under the age of 18.

I, the undersigned, am the parent or legal guardian of _____
contest participant's name

I have read and understand the Submission Agreement and Contest Rules (<http://www.silentnomore4teens.org/contest-files/Contest Rules and Registration.pdf>) and hereby consent to my child's participation in the contest, including the collection, recording, and/or disclosure of his/her image and personal information for any purpose deemed appropriate by the Sexual Assault Crisis and Support Center with relation to the contest.

Signature of Parent/Guardian: _____

Print Name _____

Address _____

Date _____

Please submit completed form electronically to: sean@silentnomore.org