

# PASTRY SHOE DESIGN CONTEST COLORING PAGE & CONSENT FORM



## Please read and sign:

I give permission for my child to participate in the Pastry shoe design contest. I understand that the award for the winning entry is a \$25,000 donation to the Children's Miracle Network hospital submitting the entry, and my family is not entitled to any monetary award.

I certify that the shoe design is an original creation by my child and has not been copied in whole or in part from any other design.

The winning design shall be the property of Children's Miracle Network. In the event my child's entry is the winning design, all ownership, copyrights, and other interests in the design are hereby transferred to Children's Miracle Network. Children's Miracle Network may modify, alter and use the design in any way it determines, including for fund raising purposes.

I consent to use of my child's name, any photograph and likeness to be used in connection with the contest and any future use of the winning design.

**Hospital Name:**

**Hospital Market:**

**Name of child:**

**Age:**



\_\_\_\_\_  
(Parent or Legal Guardian's Signature)

\_\_\_\_\_  
(DATE)