**AJM ASSOCIATES Christmas Card Entry – Theme “Winter Wonderland”**

----------------------------------------------------draw below the line---------------------------------------------------

**Parental/Guardian Consent Form**

We are sending you this parental consent form to both inform you and to request permission for your child’s **first name**, age and submitted drawing to be published on AJM Associates’ newsletter, bulletin, Facebook page, website, or other social media outlets and publications.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, AJM Associates does want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes names, video, images, residential addresses, e-mail addresses, and phone numbers.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to AJM Associates at 53225 Sams Lane, Chesterfield, MI 48047, such rescission will take effect upon receipt by AJM Associates.

**Check one of the following:**

 **I/We GRANT** permission for a drawing from this child to be published on AJM Associates’ website, Social Medical Outlets, publications and if elected as a top three winner, AJM Associates’ company Christmas Card for distribution to clients and affiliates.

 **I/We DO NOT GRANT** permission for a drawing from this child to be published on AJM Associates’ website, Social Medical Outlets, publications and if elected as a top three winner, AJM Associates’ company Christmas Card for distribution to clients and affiliates.

**Print** name of Child:

**Print** age of Child:

# **Print** name of Parent/Guardian:

**Signature** of Parent/Guardian:

# Relationship to Child:

**Date:**

Parent Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**A completed copy of the Parental/Guardian Consent Form must be submitted along with a copy of your child’s original artwork to AJM Associates at 53225 Sams Lane, Chesterfield, MI 48047 for inclusion in the contest. Parent home address and email is requested to notify the winners and send prizes.**