

CONSENT TO PUBLISH FORM

I confirm that I have read, understand and will follow the rules and conditions of the Big Rapids Community Library's 2020 Short Story Competition. I also confirm that the story I have submitted is my own original work. By entering the contest, I grant permission to the Big Rapids Community Library and the Big Rapids Pioneer the right to publish my submission, my name, and any photographs of me taken during this contest on its website and social media while I, the author, retain the copyright of my original work.

(Author's Signature and Date)

I affirm that I am the parent/guardian of the above participant and give consent to the Big Rapids Community Library according to the above conditions.

(Print Parent/Guardian Name)

Parent/ Guardian Signature & Date)

Name _____

Address _____

Phone (day) _____ (evening) _____

Email Address (optional) _____

Thank you!