Coloring ContestRelease Form

For child's drawing to be considered for publication please ensure the following:

- **Submit the child's original coloring page and this completed release form**
- **Do not fold the release form or coloring page to ensure quality of selected pictures**
- **The child's first name and age are written on the coloring page**
- **The child must reside in Ohio**

Ohio County of Residence: _____

Child's Name: _____

Child's Age: _____

By signing this release form, I acknowledge that my child's coloring page is being entered in a contest and may be used in future publications with the Ohio Department of Job and Family Services, Office of Child Support.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

(Optional Information)
Mailing Address: _____

Email Address: _____

Phone Number: _____

Please return the completed drawing by October 31, 2026 to:

Perry County Job and Family Services
Attn: CSEA
5250 State Route 37 East
New Lexington, Ohio 43764

Coloring Contest Coloring Page

Artist First Name:_____ **Artist Age:**_____