



# My Miami Art MDC Contest Application

## Student Information

Student Name

Age

Miami Dade College Campus Attended/Program of Study

Telephone

Title of Artwork Submitted

Email Address

Parent/Guardian (if student under 18 years of age)

Daytime Telephone

Evening

Home Address

City

County

Zip

Email Address

I certify that the artwork (art) which I am submitting in the South Florida Educational Federal Credit Union (SFEFCU) “My Miami” MDC Art Contest is my own original art and not derived from or copied from any other publicly available artwork. I give SFEFCU permission to use the attached art and my name for SFEFCU promotional purposes. I acknowledge and agree that the art will become the sole property of SFEFCU. I further grant permission to SFEFCU to use my name and likeness in SFEFCU advertising, publicity and other media. In addition, I understand and agree that certain winners’ art may be reproduced and exhibited in SFEFCU events and branches.

Student Signature

Date

***If student is under 18 years of age, parent/guardian must complete section below***

I, \_\_\_\_\_,  
(Please print name of parent/guardian)

, give \_\_\_\_\_,  
(Please print name of student)

permission to enter his/her art in the “My Miami” MDC Art Contest. I hereby certify that I am the legal parent or guardian of the above-named student and agree to all aforementioned permissions, acknowledgments, and understandings.

Parent/Guardian Signature

Date