



United States International Council on Disabilities  
2013 H Street, NW, 2nd Floor, Washington, DC 20006

## RELEASE FORM

This form must be securely fastened to the back of each poster

USICD MEMBER'S NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

I hereby certify that this poster was created entirely by the USICD member above and is original artwork and there are no copyrighted characters used.

I agree that it may be offered for public display or publication at some time after the contest. I understand that this poster becomes the property of the United States International Council on Disabilities and may be reproduced. The only information that will be released is your name, city, and country.

\_\_\_\_\_  
USICD Member Signature

\_\_\_\_\_  
Print Name

Date \_\_\_\_\_

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