

# APPLICATION

Name of Applicant-Artist: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Housing Agency: \_\_\_\_\_ Dakota County CDA

Age category:  Elementary K-5  Middle 6-8  High School 9-12

Applicant's Age: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

*(Required if applicant is under 18 years of age.)*

## Conditions of submission:

Applicant and parent or guardian understand and agree that upon submission of the applicant's poster, the poster will become the sole property of the National Association of Housing and Redevelopment Officials (NAHRO). NAHRO shall have exclusive and full rights to copy, reproduce and distribute the poster in connection with its poster calendar and may retain the original of any poster. Applicant, and parent or guardian for and on behalf of applicant, hereby release and discharge NAHRO and any and all Regional Councils, State Chapters or other affiliates of NAHRO from any and all liabilities, claims, suits, or actions, including without limitation any claim to payment of compensation, in connection with NAHRO's possession, use, copying, reproduction, and/or distribution of the applicant's poster.

By signing this application below, applicant, and any parent or guardian signing on applicant's behalf, hereby indicate agreement to the conditions stated above. Any person signing as guardian further represents that he or she is fully and lawfully empowered to act as guardian for the applicant.

Signature of Applicant: \_\_\_\_\_

Signature of Parent Guardian: \_\_\_\_\_

Who should we contact at the local housing agency regarding this poster?

Name: \_\_\_\_\_ Kaili Braa

Email: \_\_\_\_\_ kbraa@dakotacda.state.mn.us

Phone: \_\_\_\_\_ 651-675-4432

