

2026 Laurel Festival Candidate Release/Acknowledgement Form

I, _____, as a Laurel Festival Scholarship Program Candidate and (if a minor) my Parent/Guardian, _____, hereby consent that my/her name, image and likeness, whether in videotape, photography and/or electronic images may be used by the Laurel City Commission, for purposes of promotion and/or recruitment, including television, print and on line publications, free and clear of any claim. In addition, I acknowledge that I have read the rules and regulations of the Laurel Festival Scholarship Program. I agree to abide by all rules and regulations and understand that I may be disqualified if I do not abide by all rules and regulations.

Signature of Candidate

Signature of Parent/Guardian

Please complete by May 9, 2026
and mail/ email to:
Laurel Commission
Town of Winchester
338 Main Street
Winsted, CT 06098
ldombrowski@townofwinchester.org