



## Buckle Up Drive Smart Challenge Application

School/Organization	
Address	
Email	
Phone	

<b>Team Challenge</b>	Check if <b>Yes</b>			
Youth group name				
Team youth contact	First name		Last name	
Email				
Phone				
Team Adult Sponsor	First name		Last name	
Position				
Email				
Phone				

<b>Individual Challenge</b>	Check if <b>Yes</b>			
Youth contact	First name		Last name	
Email				
Phone				

Youth Adult Sponsor	First name		Last name	
Email				
Phone				

**PHOTO RELEASE**

I/we agree that photographs/videos submitted for this challenge may be taken and used for publicity and grant applications for DRIVE SMART Weld County, Allstate, State Farm and Weld County Department of Public Health and relinquish any claim to the likeness contained in the photograph and understand that the photograph becomes the property of DRIVE SMART Weld County.

**SIGNATURE OF PARENT/ GUARDIAN / SPONSOR  
WHICHEVER IS MOST APPLICABLE**

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**REFERENCES**

*Please have school sponsor listed above ( ie: teacher, principal leader) sign and date*

Group Adult Sponsor

Print

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Signature

Youth or Youth Representative

Print

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Signature