

Video Contest Registration Form

Student Information:

Name: _____

Address: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Age: _____ Date of Birth: _____

Put a check mark next to the one that applies below;

Elementary School Middle School High School University

Parent/Guardian Information:

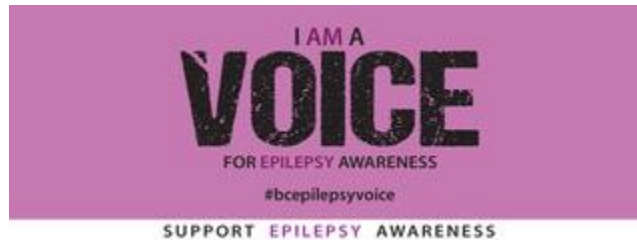
Parent/Guardian Name: _____

Address: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Thank you for agreeing to participate in this student PSA contest. The form below is a required part of the production process, and allows the video to be used in a number of settings (i.e. BCES website, YouTube, television).



Video Contest Release Form

Student Name(s): _____ Date: _____

School Name: _____

Project Name: _____

I hereby authorize the reproduction, exhibition, broadcast, cablecast, podcast, web streaming and/or distribution of this video and audio content without limitation and in perpetuity for educational programming, contest entry, and promotional purposes.

I certify that all video and sound elements in this production are used legally.

I understand that there will be awards for the contest winners only; no financial or other remuneration for use of my work and/or recordings, whether for initial or subsequent transmission or playback, and I hereby release the school and its partners from any liability resulting from or connected with the publication of such work.

Signing this form serves as agreement to these terms.

Participant's Signature: _____ Date: _____

Parent/Guardian Signature _____

(If under 18, a parent/guardian signature is needed. If student is over 18, write in "over 18.")

Phone _____

Email _____

