

Video Contest Parent Permission Form

Participants under the age of 18 must submit a fully completed copy of this document in order for their video entry to be valid.

Participants Name:

School Name (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email (non- school email): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this agreement, you affirm the following:

**Participant:**

I have read and understand the full official rules and guidelines and agree to abide by those rules.

I agree that it is okay to use the video if selected as a winner, to be posted on social media sites by the Boone County Drug Prevention Coalition.

I have full authority to enter this video into this contest and that the video is original and owned by me. If needed, I have obtained the necessary release and permissions to enter this contest.

I understand that in the event that my submission is selected as a winning entry, and the rights and/or originality of my entry cannot be verified to the satisfaction of the judges, an alternative winner may be selected in my place.

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian:**

I understand my child has submitted an original video to the Boone County Drug Prevention Coalition video contest for National Prevention Week. I grant full permission and authority to the Boone County Drug Prevention Coalition and anyone authorized by the coalition, to use, publish and display my child’s image and/or voice as it is contained in the video.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete this form and email the form submission to BCDPC@boonehealth.org or ABrouwer@boonehealth.org or come in and drop it off at 1204 Logan Ave Belvidere, IL 61008.