

Know Your Neuro

Music Video Contest Student Video Release Form



To be valid, finalists must submit a fully completed copy of this document.

TITLE OF VIDEO SUBMISSION

LEAD PRODUCER'S INFORMATION

Your Name

School Name

City

State / Province

Country

Email

Phone

By signing this document, you affirm the following:

STUDENT: I have read and understand the fully official rules and guidelines and agree to abide by those rules. 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 project. I understand that in the event 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.

Student Name _____

Date _____

Student's Signature (below)

PARENT/GUARDIAN: I understand my child has submitted a video to KnowYourNeuro.org student music video contest. I grant full permission and authority to KnowYourNeuro.org and anyone authorized by the organization to use, publish, and display my or my child's image and/or voice as it is contained in the video and my child's name.

Parent/Guardian Name _____

Date _____

Parent/Guardian's Signature (below)