



Individual Submission Video & Talent Release Form

I hereby give National Organizations for Youth Safety and those acting under their permission, the absolute right and permission to copyright, publish, exhibit, display, or print, and publish in advertising or for other lawful purposes all photographs, motion pictures, videos, photographic negative, or prints where in I have acted as a model or appeared in any manner, in which I may be included in whole or in part, made through any media, without inspection or approval of the finished product or use to which it may be applied.

I understand that the images of the minor may be used in public-service advertisements to promote youth safety and digital responsibility. I release, discharge, and agree to hold harmless and defend National Organizations for Youth Safety, their legal representatives or assigns, and all persons acting under their permission or authority or those for whom he/she is acting, from any liability by virtue of any reason in connection with the making and use of such videos and photographs, as well as any publication of them, including without limitation any claims for libel or violation of any right of publicity or privacy.

I further release National Organizations for Youth Safety and their assigns, agents or licensees from any liability for what I might deem misrepresentation of me by virtue of editing, alterations, optical illusion or faulty mechanical reproduction.

I am over eighteen years of age and have read the above authorization and release prior to its execution (If under eighteen, parent's/guardian's signature is required).

Video Title: _____

- Short Film (2 minutes or less)
- PSA (30 seconds or less)

Executive Producer (EP) Name: (EP must be between the ages of 15–24 and the person submitting this Film/PSA)	EP e-mail: EP phone:	EP Date of Birth:
Executive Producer Mailing Address:	Country:	
Teacher Name/Advisor Name (as applicable to students grades 6-12th):	Teacher Name/Advisor Name:	
School/Organization Name and School/Organization Mailing Address:		

Teacher/Advisor Phone:	School Phone:	# of students involved in the making of your Film/PSA
------------------------	---------------	---

Student Verification

I, the undersigned, attest that this project was conducted solely by me and that the work resulting from my effort is original and in compliance with all campaign rules, guidelines and specifications.

Student signature	Date
-------------------	------

Parent or Guardian Signature (Required for minors-ages 15-18)

I have reviewed the video/film and verify that it reflects the above named student's original work and is in compliance with all campaign specifications.

Parent/Guardian signature	Date
---------------------------	------

I/WE HAVE CAREFULLY READ THIS RELEASE FORM FROM LIABILITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I/WE ARE AWARE THAT THIS IS A RELEASE OF LIABILITY. I/WE ARE SIGNING THIS DOCUMENT OF MY OWN FREE WILL ON THIS DATE.