

# **Video Contest Release Form**

## **“Be Supported, Seen, Heard, & Understood”**

*Clark County Children’s Mental Health Consortium Youth Video Contest for  
Children’s Mental Health Acceptance Week 2023*

### **Video Contest Consent and Release Form**

This Consent and Release Form must be submitted with all videos. One form must be submitted for **each** person who **appears on camera or contributes** to the entry.

- I acknowledge that the Clark County Children’s Mental Health Consortium (CCCMHC) has my permission to use the video and my image and statements (or those of my minor child) contained therein in all forms of media.
- I understand that I will not be paid for the use of the video and my image and statements.
- I grant CCCMHC the right to use my (or my minor child’s) names, photographs, statements, quotes, testimonials, and video submissions for advertising, publicity, and promotional purposes without notification or further compensation.
- I understand that CCCMHC maintains the right to reproduce, reprint, distribute, perform, display, or exhibit the project for advertising, publicity, and promotional purposes on their website, at conferences, or at any other venues.
- I certify that I have not used copyrighted, trademarked, or branded material, including music or images in my video.

By submitting this entry, I give permission for this video to be published and displayed for contest purposes. I also transfer copyright for my entry to be used in events and publications made by the Clark County Children’s Mental Health Consortium or its designated partners. I also guarantee that this entry is an original work and does not infringe upon the intellectual property rights of another such as the unauthorized use of music, video, or logos.

Submitter’s Full Name (Please Print): \_\_\_\_\_

Age: \_\_\_\_\_

Parent/Legal Guardian Full Name (Please Print): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_