

Inclusion First Video Challenge Permission Form



Video Title: _____

What is the title of your video as it appears on SchoolTube? _____

What is the URL where your video can be found on SchoolTube? _____

Student Name: _____

School: _____ Email: _____

Other teammates: _____

I understand the contest guidelines and will abide by them. I attest that the video is completely my original work.

Student Signature

Date

Parent/Teacher/Legal Guardian Name: _____

Phone: _____ Email: _____

Minors under 18 years of age must have their parent's or legal guardian's permission to participate in this contest. Contest available for students in the state of Idaho currently enrolled in grades 6-12, or be currently enrolled in an 18-21 Transition Program. Participation in this contest does not guarantee a winning prize. Videos entered in to this contest become the exclusive property of Idaho Council on Developmental Disabilities (IDCC) and will not be returned. By entering this contest, participants assign to ICDD any and all copyrights for the videos submitted and they consent to the public disclosure of the applicant's name, grade and school for purposes of promoting this and future contests.

I understand and agree that upon entering this contest, I assign to ICDD any and all rights for the videos submitted, and consent to public disclosure of _____ 's
(print student's name)

first name, grade and school for purposes of promoting this and future contests. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the ICDD Website.

Parent/Legal Guardian Signature

Date

(or student's signature if 18 years old)

Return via fax or email:
Inclusion First Video Challenge
Idaho Council on Developmental Disabilities
700 W. State Street, 1st Floor
Boise, Idaho 83702-5868
Phone: 1-208-334-2178 or 1-800-544-2433
Fax: 1-208-334-3417
info@icdd.idaho.gov

Student

Parent