

Ohio Department of Health  
**ANTI-VAPING**  
**VIDEO CONTEST**



## Anti-Vaping Video Contest Entry Form

Student's Name: \_\_\_\_\_

**Note:** If you are working as a team, you will need to submit the names of each team member below. Each team member is required to submit an *ODH Anti-Vaping Video Entry Form*, and must also submit a Model Release Form if they are a part of the on-screen talent in the video. All team member entry forms must be submitted together as one package.

A team member is anyone who was a significant part of the idea creation, filming, editing, or other video production activities. Any prize awards will be evenly distributed amongst the team members.

Name of Team Members (if applicable): \_\_\_\_\_

Student's Grade for 2019-2020 School Year:  Freshman  Sophomore  Junior  Senior

Name of School: \_\_\_\_\_

Student's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Title of Your Video Project: \_\_\_\_\_

Provide a short summary of your video submission (250 words or less).

Provide a list of the names of all actors in your video and identify what role they play in the video, such that model release forms can be matched to video actors.

Was this video created/produced by the student or the student and the student's team members named above?  
(check one)  yes  no

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Has this video been previously submitted to any other video contest? (check one)  yes  no

List references used in video.

### Optional:

List any relevant information about the process of making this video.

### I acknowledge that:

- I have supplied accurate information on this Official Entry Form.
- I understand that if copyrighted material is used without permission, it will result in automatic disqualification.
- I understand that the video I have submitted may be shared by the Ohio Department of Health for prevention, education, awareness, and general communication purposes.
- Everyone featured in this video has given expressed consent for their participation.
- I attest the team members listed above are member(s) of my video contest team (if applicable).
- In consideration for participating in the ODH Anti-Vaping Video Contest, I hereby assign to the Ohio Department of Health all rights, title, and interests to the video named above. I further warrant that I have complied with all requirements listed in the official rules (Submission Rules, Guidelines for Video Submissions) and agree to the terms of the ODH Anti-Vaping Contest details.

Student Signature: \_\_\_\_\_

Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

As parent/guardian of the student, I hereby give my permission and consent for my child/ward to participate in the ODH Anti-Vaping Video Contest, and I agree to the terms of the ODH Anti-Vaping Video Contest Details.

Parent/Guardian Signature (if the student listed above is under 18 years of age):

\_\_\_\_\_

Parent/Guardian (printed) \_\_\_\_\_ Date \_\_\_\_\_