



**Drug Awareness Program Video Contest  
Entry and Parental release form**

TITLE OF ENTRY \_\_\_\_\_

RUNNING TIME: \_\_\_\_\_

Submission Format: \_\_\_\_\_

**ENTRANT INFORMATION:**

GRADE: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/State: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_

***Your E-Mail address (very important):***

\_\_\_\_\_

**PARENT(S) NAME(s):**

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*\*Name of Individual/group to appear on certificate and credits\*\*\*\***

**YOU MUST FILL THIS IN!**

\_\_\_\_\_

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## **Drug Awareness Program Video Contest Entry and Parental release form**

*Please provide a brief one-paragraph synopsis (50-200 words) of the entry.*

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- Entry must be age and language appropriate
- Entry should be original
- Entry should contain an anti-abuse message
- Entry should be based on the theme
- Hold Harmless agreement must also be completed

YOUR REQUIRED PARENT'S SIGNATURE DENOTES ACCEPTANCE OF CONTEST RULES AND APPROVAL OF ENTRANT'S PARTICIPATION:

Parent's signature

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**ANY MINORS IN VIDEO MUST HAVE PERMISSION FROM PARENTS:**

NAME OF STUDENT \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_

- *IF ADDITIONAL MINORS ARE FEATURED IN THE VIDEO, PLEASE MAKE COPIES OF THIS PAGE AND ATTACH WITH ENTRY FROM.*