

Not In My Family Mental Health Project Video Contest

ENTRY FORM:

Please type or print legibly

Name of teenager: _____

Name of Parent/Guardian: _____

Address: _____

City/Zip: _____

Work Phone: _____ Cell Phone; _____

Home Phone: _____

Email of Teenager: _____

Email of Parent: _____

By entering this contest, we agree that we have read and understand the rules and regulations for the contest and will abide by them. We also insure that we have and will work together on this project. We also understand that if we should win the contest we will only win one of the prizes listed under the rules and regulations.

We also understand that by submitting this video, we **have received written consent forms** from anyone interviewed or used in the video and have attached those forms with this entry. We hereby turn over all rights to the video we submit for the contest to Christopher Productions for use in any way they deem appropriate which includes the possibility of broadcast both inside and outside the state of New Mexico.

Parent /Guardian

date

Teenager

date



christopher productions

Christopher Productions LLC
Authorization and Release

Show: Not in My Family

MUST BE SIGNED BY ANYONE APPEARING ON CAMERA OR THROUGH AUDIO IN THE PRODUCTION.

The following person does hereby consent

to the photographing/videotaping/audio taping and/or interviewing of him/herself and does hereby authorize Christopher Productions LLC (CP) and SafeTeen New Mexico (STNM) and their agents and assigns to cause the photos and/or video or audio recording to be exhibited.

This releases CP, STNM and the employees, advisors, consultants and any other person authorized by CP or STNM from any and all liability and claims for damage for libel, slander, invasion of the right of privacy or any other claims based on the use of the above-described material. This also allows CP, STNM and any of its employees, subcontractors, or assigns to work with the above described materials in any way they deem appropriate including but not limited to digital editing.

It is understood that any videotaping/photographing that is done of the following individual is done of free will and will not have any compensation attached. By signing this form, I agree to allow CP, STNM and their agents or assigns to use my voice and image, electronic and/or print, and all reproductions of such, in any manner they deem appropriate including but not limited to broadcast both in and outside New Mexico.

Signature of above named person (if under 18, parent or guardian)

DATE

Printed Name (as you want it to appear including any title)

Address

Phone / email