

2024 NJ Digital Media Contest | Actor Release Form

Media submissions must include a completed copy of this document IF human subjects appear in the content.

This form must be completed by each identifiable person appearing in the media submission.

I understand that an original media submission has been created and submitted to the Pennsylvania Society for Biomedical Research (PSBR) and NJABR that includes images and/or videos of me or my child. I understand that this media submission has been submitted to, and for participation in PSBR & NJABR's Digital Media Contest. I grant full permission and authority to PSBR & NJABR and anyone authorized by the organizations to use, publish, and/or display my or my child's image/video and/or voice contained in this media.

TITLE OF MEDIA ENTRY: _____

STUDENT INFORMATION: (of student submitting this work to PSBR)

Student Name: _____

Student Email: _____

ADDITIONAL PARTICIPANTS IN GROUP (of students submitting this work to PSBR; if applicable):

Student Name: _____

Student Name: _____

Student Name: _____

Student Name: _____

ACTOR'S Name: _____ ACTOR'S DATE OF BIRTH: _____

ACTOR SIGNATURE

Print Name: _____

Date: _____

ACTOR'S PARENT/GUARDIAN SIGNATURE (IF UNDER 18)

Print Name: _____

Date: _____