2023 NJ Digital Media Contest | Parent Permission Form

Media submissions must include a completed copy of this document in order for the media entry to be valid.

If working in a group, one form per student must be submitted (up to 5 students per group)

TITLE OF MEDIA ENTRY: _____

STUDENT INFORMATION:

Student Name: _____ Grade: _____

Student Home Address: _____

City: _____ State: _____ Zip: _____

Student Email: _____ Phone: _____

Parent Email: _____ Phone: _____

ADDITIONAL PARTICIPANTS IN GROUP (if applicable):

Student Name: _____

Student Name: _____

Student Name: _____

Student Name: _____

SCHOOL INFORMATION:

School Name: _____

School City _____ State: _____ Zip: _____

TEACHER INFORMATION:

Teacher Name: _____ Teacher Email: _____

By signing this document, you affirm the following:

Student

I have read and understand the full Official Rules and agree to abide by those rules. I have full authority to enter this media into this contest, and I attest to ownership of this original content. **I agree that it may be offered for public viewing or publication at some time after or during the contest.** I understand that this digital media becomes the property of the Pennsylvania Society for Biomedical Research (PSBR) and NJABR may be reproduced.

Signature: _____

Print Name: _____

Date: _____

Parent/Guardian

I understand my child has submitted an original media piece to the Pennsylvania Society for Biomedical Research (PSBR) and NJABR Digital Media Contest. I grant full permission and authority to PSBR and NJABR and anyone authorized by the organizations to use, publish, and/or display my child's work, face, and or/voice as it is contained in the video. I release this media to PSBR and NJABR.

Signature: _____

Print Name: _____

Date: _____