



Public Service Announcement (PSA) Video Contest

This form is for anyone who appears in your PSA, including you. Please make copies for all participants to fill out and sign. A parent or guardian must also sign if the participant is under the age of 18. Send all release forms in with your entry.

Tobacco Free Allegheny and the Allegheny County Health Department are sponsoring a Public Service Announcement (PSA) contest open to Allegheny County youth in grades 6th through 12th. All entries will be judged on: (1) originality/creativity, (2) the use of relevant and accurate facts; (3) production quality and unique visuals; (4) following contest directions, including the proper selection of topics; (5) appropriateness, including images and words being age-appropriate and suitable for public dissemination. The contest encourages participants to speak out against tobacco use and its harms.

I hereby allow Tobacco Free Allegheny (TFA), the Allegheny County Health Department (ACHD), and its partners to record and publicly display the public service announcement entry that I have created to appear on their websites, Facebook pages, YouTube channels, Twitter accounts, other social media accounts, and at other venues. In consideration of the mutual benefits resulting from such use I agree to the following:

1. Tobacco Free Allegheny and the Allegheny County Health Department are the sole owners of all rights to all content and any parts or portions received in relation to this contest, including the names of participants, to be used in any form at their discretion in all forms of media, without limitation or restriction, throughout the world for all time. TFA and ACHD also retain the rights to assign these rights to others.
2. TFA and ACHD reserve the right to use and license others to use all or any portion of the public service announcement in connection with advertising, publicizing and/or otherwise publicly benefiting TFA and ACHD, or their licensees.
3. By signing this form, I am releasing TFA and ACHD from and against claims of any nature resulting from the use or display of this public service announcement, statements made by others in connection with this public service announcement or TFA and ACHD exercise of the rights which I have granted them in this agreement.
4. I agree to indemnify and hold harmless TFA and ACHD, their licensees and officers, directors, agents and employees from and against claims, damages, liabilities and costs (including legal fees) arising from the use and/or broadcast of my public service announcement.
5. I confirm that I have obtained and secured all licenses, clearances and consents including by not limited to union fees, music license fees, film/photo still use fees and personal appearance fees as well as any other licenses that may be required for the contemplated use of this public service announcement as outlined in article 1 above.

I understand that the use of any sound, image, or video submitted depicting the participants may be used in a plethora of media including the design of materials such as websites, videos, promotional materials, newsletters and other publications. I understand that I will never be paid for the use of these sounds, videos, and images and I do not hold TFA or ACHD in any way responsible for any damages that may result from the use of the sounds, videos, and images. I understand that in the event my submission is selected as a winning entry and the rights and/or originality of my entry cannot be verified to the satisfaction of the judges, an alternate winner may be selected in my place.

In addition, by signing this form, I am indicating that I am not a current tobacco user, which includes e-cigarettes, and to the best of my knowledge, that no funding or other support have been received by any tobacco-industry-related entity in regards to the development or creation of the public service announcement; no person or entity has paid to have any product service, company, or other entity included in or mentioned I the public service announcement; and that, to the best of my knowledge, all statements of fact in the PSA are accurate.

Signature of Youth

Signature of Parent/Guardian (if youth is under 18)

Name, Grade, and Birth Date of Youth (Please Print)

Name of Parent/Guardian (Please Print)

Address

Address

Phone Number & Email Address

Phone Number & Email Address

Date Signed

Date Signed