



Teen Dating Violence Video Contest

Video Contest Consent and Release Form

This Consent and Release Form must be submitted with all videos. One form must be submitted for each person who **appears on camera or contributes** to the entry.

- I acknowledge that Transitions has my permission to use the video and my image and statements (or those of my minor child) contained therein in all forms of media.
- I understand that I will not be paid for the use of the video and my image and statements.
- I certify that I have not used copyrighted, trademarked or branded material, including music or images in my video.

Title of Video or Primary Participant Name: _____

Name (Please print) _____

Age: _____ Date: _____

Signature _____

High School: _____

IF UNDER 18:

Parent/legal guardian name (please print) _____

Parent/legal guardian signature _____

Date: _____

Please complete and return to Transitions at:

Fax: 570-524-9367 Email: heather_s@transitionsofpa.org

Mail: Heather Shnyder
Transitions
P.O. Box 170
Lewisburg PA, 17837