

# Kick Some Butts Commercial Contest



Tobacco  
Education  
Awareness  
Management

## ***COPYRIGHT DISCLAIMER (must complete both sections)***

I hereby attest that no copyrighted material, including, but not limited to, pictures, music and written word, was used in the production of this entry without express written permission. If copyrighted material was used, the document granting expressed permission is attached.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

## ***PICTURES/VISUAL/AUDIO (must be completed)***

The pictures and visual material and audio material presented in this entry: (Check the appropriate box)

- Is all original footage, visual creation, audio material, and written word
- Contains pictures/audio/video/written word found in public domain; List source here  
\_\_\_\_\_ (attach screen print)
- Contains some copyrighted material; Material is identified and a copy of the release is attached (attach copy of written release); other materials are original

## **Under 18 CONSENT OF PARTICIPATION**

I consent to the reproductions of my child's voice and/or picture as recorded and/or photographed by the TEAM Committee in conjunction with the above described activity.

I acknowledge that you are the sole owner of all rights in and to the recordings you have obtained in the activity described above for all purposes, and that you have the right to broadcast, publish or otherwise distribute this material, or any portion thereof, one or more times.

I understand that we will receive no compensation for my child's appearance on and participation in the recordings made by the TEAM Committee during this activity.

I represent that I am 18 years of age or older, the parent or legal guardian of the child whose name is listed below, and have the right to enter into this agreement.

Minor's Name \_\_\_\_\_ School \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Printed Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

## **18 and over CONSENT OF PARTICIPATION**

I consent to the reproductions of my voice and/or picture as recorded and/or photographed by the TEAM Committee in conjunction with the above described activity.

I acknowledge that you are the sole owner of all rights in and to the recordings you have obtained in the activity described above for all purposes, and that you have the right to broadcast, publish or otherwise distribute this material, or any portion thereof, one or more times.

I understand that we will receive no compensation for my child's appearance on and participation in the recordings made by the TEAM Committee during this activity.

I represent that I have reached the age of legal majority according to the State of Ohio.

Participant  
Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ School \_\_\_\_\_