



**“Why Your Vote Counts”
Student Video Contest
PARENT/GUARDIAN
PERMISSION FORM**

For students under 18 years of age: One completed and signed copy of this document must be submitted for your entry to be considered complete and eligible for a prize.

Title of Video Entry

Student’s Name

Student’s Email

Student’s Date of Birth

High School Name

Student’s Grade

High School Address

Parent/Guardian Name

Parent/Guardian Email

Parent/Guardian Address

Parent/Guardian Telephone

Parent/Guardian: By signing this document you affirm the following:

I am the parent/legal guardian of the student named above, and I grant permission for him/her to enter the “Why Your Vote Counts” Student Video Contest sponsored by the League of Women Voters of Broward County. I have read and agree, on my behalf and on behalf of my student, to abide by and consent to the Contest’s Official Rules. I grant full permission and authority to the LWVBC to use publish, display, reproduce, or replicate the video submission and the likeness, persona and/or voice of the minor for home I am the parent and legal guardian.

Parent/Guardian Signature

Date

**Your completed and signed form can be scanned/emailed to:
lwvbclvideocontest@gmail.com OR - you may mail the forms to:
LWV of Broward Video Contest, P.O. Box 15952, Plantation, FL 33318**



“Why Your Vote Counts” Student Video Contest ACTOR RELEASE FORM

A copy of this form must be completed and signed by each identifiable person (“Actor”) appearing in your video in order for your entry to be considered complete and eligible for a prize. If the Actor is under 18, this form must be completed and signed by his/her parent or guardian.

I understand that an original video has been created and that contains images of me or of a minor child of whom I am a parent or guardian. I further understand that this video is being submitted to the League of Women Voters of Broward County as part of “Why Your Vote Counts” Student Video Contest. I grant full authority to the LWVBC to use, publish, display, reproduce, or replicate, without notice, the video submission and my or my child’s likeness, persona and/or voice contained in the video.

I understand that I will receive no form of compensation from the LWVBC relating to the video submission or my participation in “Why Your Vote Counts” Student Video Contest.

By signing this form, I certify that I am legally authorized to grant the permissions and waivers as stated.

Title of Video Entry

Name of Student Submitting Video

Email of Student Submitting Video

Phone of Student Submitting Video

Actor’s Name

Actor’s Email

Actor’s Signature

Parent/Guardian Signature (if under 18)

Date

Date

Your completed and signed form can be scanned/emailed to:

lwvbclvideocontest@gmail.com OR - you may mail the forms to:

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