



# America Recycles Day Video Contest Video Release Form

THIS FORM MUST BE COMPLETED AND INCLUDED WITH EACH VIDEO SUBMISSION

## School/organization Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

## Teacher information

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Student information

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Provide a short explanation of your video. Comments may be published for winning videos.

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What do you hope someone learns from seeing your video?

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I hereby certify that this video was created entirely by the above-named student, is the student's original work, and includes no copyrighted characters or materials. I authorize Dakota County to use and display the work in perpetuity without the requirement of any remuneration to the student. By participating in this contest, I understand the student's name, school, grade, and responses may be released or published. By participating in the contest, I authorize Dakota County to use my child's likeness in photograph(s) in any and all of its publications, including web-based publications, newsletters, social media posts, displays, presentations about or to promote the contest, without payment or other consideration, and that any photograph taken by the County or others of my child related to the contest will become the property of the County and will not be returned. I agree the student and I have obtained any authorizations or releases from any individuals depicted in the work.

Signature of student: \_\_\_\_\_

Printed name of student: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Printed name of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_