

# Actor Release | Parent Permission Form



Each student participating in the **Safety Video Contest #HelpStopBullying**, presented by Community Safety Net, must submit a fully completed copy of this document in order for their video entry to be valid.

**Student Name:** \_\_\_\_\_  
(Please print first & last name clearly)

**Teacher Name:** \_\_\_\_\_  
(Please print first & last name clearly)

**School Name:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

## Student

I have read and understand the full Official Rules & Guidelines and agree to abide by those rules.

I have full authority to enter this video into this contest and that the video is original and owned by me & my group. If needed, I have obtained the necessary release and permissions to enter this project.

I understand that in the event my submission is selected as a winning entry, and the right and/or originality of my entry cannot be verified to the satisfaction of the judges, an alternate winner may be selected in my place.

\_\_\_\_\_  
**Actor / Student Signature**

\_\_\_\_\_  
**Date**

## Parent / Guardian

I understand my child has participated in and submitted an original video that includes images of me or my child, to Community Safety Net's safety video contest. I grant full permission and authority to Community Safety Net and anyone authorized by the organization, to use, publish, and display my or my child's image and/or voice as it is contained in the video.

\_\_\_\_\_  
**Parent / Guardian Name (Please Print)**

\_\_\_\_\_  
**Parent / Guardian Email Address**

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**Date**

**Please return this form to your teacher.**