

“13 Ways to Take Care of Yourself and Each Other Video Contest” Waiver/Release Form for Contestants

I hereby give my full permission for the use of my name, photograph, signature, image, likeness, actions, voice, statements, city or state in which I live, and/or other personally identifiable information or readily identifiable information (“Personally Identifiable Information”), in whole or in part, individually or in conjunction with other images, in a video submission for the “13 Ways to Take Care of Ourselves and Each Other Video Contest” sponsored by Riverside Trauma Center, a service of Riverside Community Care.

I waive all rights of privacy or compensation, including royalties or other payment, which I may have in connection with such use of my Personally Identifiable Information.

I hereby certify that there is no video content in my entry that includes a photograph, signature, image, likeness, action, voice, statement, geographical location, or other personally identifiable information or readily identifiable information of anyone under 14 years of age.

I grant Riverside Community Care the irrevocable and unrestricted license and right to use the video submission across all applicable media formats, including composite or altered representations, for educational and promotional purposes both at the time of the contest and thereafter. I waive the right to inspect the video prior to its use on Riverside Trauma Center’s and Riverside Community Care’s websites or any other educational or promotional use.

I understand that Riverside Community Care will be using the video in their “13 Ways to Take Care of Ourselves and Each Other Video Contest,” and for educational and promotional uses thereafter. I understand that if any Prize is awarded for the video in which I appear, it will be awarded to the person who submits the video as his/her creation.

In consideration for participating in this Contest, to the fullest extent permitted by law, and except where prohibited by law, I, on behalf of myself and my heirs, executors, guardians, assigns, agents and representatives, do release, indemnify and hold YouTube and Riverside Community Care, its directors, officers, employees and agents harmless from and against any and all claims, actions, suits, proceedings or demands whatsoever, made by any third party due to or arising out of the contest, including my violating any rights of another individual and/or entity.

I expressly assume all liability for any risk of any injury or damage caused by participating in the contest.

I certify that I have complied with YouTube’s community guidelines, found at <https://www.youtube.com/yt/policy-and-safety/communityguidelines.html>.

I further certify that this video does not contain material that violates or infringes on another’s rights including, but not limited to rights of privacy, publicity, and intellectual property, it does not focus on brand names or trademarks, or any copyrighted material (such as snippets of copyrighted programs) without necessary authorizations; it does not contain material that is inappropriate, violent, indecent, obscene, hateful, defamatory, slanderous, or libelous, nor does it contain material that promotes bigotry, racism, hatred, or harm against any group or individual or promotes discrimination based on race, sex, religion, national origin, disability, sexual orientation, gender identity, or age, or material that is unlawful, in violation of or contrary to the laws or regulations where the video is created.

I understand that if I win a Prize I will have to execute a subsequent Prize Acceptance Agreement and provide information if necessary to have taxes withheld.

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Please print clearly.

Video title: _____

Creator of video (your name): _____

Grade (as of spring 2017): _____

Email address: _____

School name: _____

IF YOU ARE 18 OR OLDER:

I am 18 years of age or older, a high school student as of spring 2017 who lives in MA, I have read this Waiver/Release Form prior to signing it and I understand and agree to its contents.

Your Signature

Date

IF YOU ARE UNDER 18:

I am the parent or legal guardian of the minor named above who is 14 years of age or older, a high school student as of spring 2017, and who lives in MA. I have the legal authority to execute a waiver and release on his or her behalf as stated above. I have read this Waiver/Release Form prior to signing and I understand and agree to its contents.

Printed name of parent or legal guardian: _____

Parent or legal guardian's email address: _____

Parent or legal guardian's daytime phone #: _____

Parent or Legal Guardian's Signature

Date