



DRCVI Student Video Contest Application

Student Name

Date of Birth *

First Name Last Name

Month Day Year

Guardian Name

Relationship to Student

First Name Last Name

Email

Address

example@example.com

Street Address

City State / Province

Postal / Zip Code

Which school do you attend?

What grade are you in?

How did you hear about this contest?

By signing, I certify that the information provided by me is true and accurate. I understand that my submission becomes the property of the Disability Rights Center of the Virgin Islands.

Guardian Signature

Date

Month Day Year

Please upload the video release form, guardian authorization, and video submission. All submissions should be received no later than May 1, 2023.



Authorization to Use Audio/Video Recordings, Photographs & Information

I hereby give permission to the Disability Rights Center of the Virgin Islands (DRCVI) to publish audio recordings, photographs and video footage taken of me, and all other printed or electronic matter for accessibility and publicity purposes including, but not limited to, providing information in accessible formats, DRCVI annual reports and newsletters, websites, social media platforms, and press releases that show the kind of work done by DRCVI. DRCVI will not sell or otherwise use this material for commercial purposes.

I agree that for accessibility and publicity purposes, DRCVI may (check all that apply):

- reproduce, use, exhibit, display, broadcast, distribute and create derivative works of these audio recordings, photographs and/or video footage, or other audio recordings, photographs and videos which I have given to DRCVI, in any media now known or later developed;
- use my name and;
- use information about the assistance that a DRCVI member agency provided me and/or my child or ward.

I hereby waive any right to inspect or approve the final product (printed or electronic matter) that may be used in conjunction with these audio recordings, photographs and video footage now or in the future, whether that use is known to me or unknown.

I hereby agree to release, defend, and hold harmless DRCVI and its officers, directors, employees, agents or third parties, and all persons acting under DRCVI's permission or authority, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs and/or videos, including but not limited to any misuse, distortion, blurring, alteration, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

Signature

Signature - Parent/Guardian (only if applicable)

Printed Name

Printed Name of Child/Ward (only if applicable)

Date

Email Address (optional)