



Digital Media Contest — Parent Permission Form

Media submissions must include a fully completed copy of this document in order for the media entry to be valid

If working in a group, one form per student must be submitted (up to 5 students per group)

TITLE OF MEDIA ENTRY: _____

STUDENT INFORMATION:

Student Name: _____ Grade: _____ Student Email: _____

Student Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Parent Email: _____ Phone: _____

ADDITIONAL PARTICIPANTS IN GROUP (of students submitting this work to PBL; if applicable):

Student Name: _____

Student Name: _____

Student Name: _____

Student Name: _____

Student Name: _____

SCHOOL INFORMATION:

School Name: _____

School City: _____ State: _____ Zip: _____

TEACHER INFORMATION:

Teacher Name: _____ Teacher Email: _____

By signing this document, you affirm the following:

Student: I have read and understand the full Official rules and agree to abide by those rules. I have full authority to enter this media into this contest, and I attest to ownership of this original content. I agree that it may be offered for public viewing or publication at some time after or during the contest. I understand that this digital media becomes the property of Project Brain Light and may be reproduced.

Parent Guardian: I understand that my child has submitted an original media piece to the Project Brain Light (PBL) Digital Media Contest. I grant full permission and authority to PBL and anyone authorized by the organization to use, publish, and/or display my child's work and or/voice as it is contained in the video. I release this media to PBL.

Student Signature: _____

Student Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____