



## Stop the Swerve Video/Poster Contest Release Form (Minor)

By signing this required release form, I acknowledge that the Hampden District Attorney's Office (HDAO) will become sole owner of all content included in the submission of the video/poster design including all graphics, video, text, audio, computer and html code, multimedia content, script, and any other written, audible, visual, audiovisual, and all ideas embodied in the foregoing and all other content that is contained in the submission. The HDAO will have exclusive rights to reproduce and distribute the work. I understand the HDAO has the right to alter the final design prior to reproduction according to formatting and printing needs.

I acknowledge that the submission is my own work which has not been given, licensed, assigned or published before. I represent and warrant that the entire content of the submission is an original work and that the use, reproduction, display, and performance of the submission does not and will not violate any law and does not infringe or violate any intellectual property, privacy, publicity, or other right of any third party, and that the content of the submission previously has not been given, licensed, assigned, conveyed, or published.

I agree to give the HDAO the right to use my name, likeness, portrait, recorded voice and any other material in order to promote, publicize and advertise the submission without compensation.

The undersigned has read the foregoing release and waiver of liability and fully understands it. The undersigned represents that he or she is the custodial parent or legal guardian of the minor child named below. The undersigned consents to the terms and conditions as stated in the release and waiver on behalf of his or her minor child. The undersigned hereby acknowledges that he or she has the legal authority to grant such consent.

Print Name of Minor (Under 18) Child: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Print Name of Parent or Legal Guardian: \_\_\_\_\_

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

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

Name of School: \_\_\_\_\_

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

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

Signature of guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_