

OUR HEALTH IS WORTH A SHOT!



Youth Video & Visual Art Vaccine Challenge *Our Health is Worth a Shot!* Registration Form

All participants in the *Our Health is Worth a Shot!* youth challenge must turn in this signed form with their submission. Your permission allows us to promote this opportunity and spread the word to raise awareness about the importance of the COVID-19 vaccine through the use of your video or visual art. This form must be completed for you to receive your winning items, should you be one of the youth challenge winners. Complete the fields below to submit your entry.

A parent or legal guardian can complete the submission on behalf of the youth or young adult. If you are the parent or legal guardian, you can sign your consent by accepting the consent clause in the “*Our Health is Worth a Shot!* Authorization & Release” form.

Be sure to include this completed form with your submission. See “Official Entry Requirements, Rules, and Tips” for more details and suggestions regarding the *Our Health is Worth a Shot!* video and visual art contest. Please note that your information will be used for registration purposes only and will not be shared.

First Name: _____ **Last Name:** _____

Date of Birth (MM/DD/YYYY): ____/____/____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Participant’s phone number: _____

Participant’s email: _____

If the participant is under the age of 18, please fill out the information below.

Parent or Legal Guardian Information:

First Name: _____ **Last Name:** _____

Phone number: _____

Email: _____

Thank you for participating!

Deadline: June 25, 2021



Youth Video & Visual Art Vaccine Challenge
Our Health is Worth a Shot!
Authorization & Release

I, _____
(Participant)
of _____
(Email Address or Phone)

hereby authorize and consent that the County of San Diego (“County”) and community organizations participating in the *Our Health is Worth a Shot!* youth challenge shall have the absolute right to copyright, publish, use, sell or assign any and all photographic portraits or pictures, visual art, television spots, movie films, videotapes, and/or sound recordings submitted, or any part thereof, I have taken or made in which I or my child may be included in whole or in part.

I also grant permission to allow these images and/or recordings to be put to legitimate use at the discretion of the County and/or partner organization.

I relinquish all rights, title, or interest to any finished products, reproductions or facsimiles.

I grant use and right to exhibit such pictures and recordings (originals or copies) and facsimile thereof, to the County and/or partner organization or any of their assignees and agents.

I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied.

I release County of San Diego and communication organizations participating in the *Our Health is Worth a Shot!* youth challenge from any and all claims, liability or obligation. I shall not own or claim any rights to such products nor to any portion thereof, and I waive all claims for any compensation for such use or for damages.

Date: _____ Signature: _____
(Participant)

Parent/Legal Guardian Signature: _____
(If the participant is under the age of 18)

Project: *Our Health is Worth a Shot!* 2021

