



Teen Dating Violence Public Service Announcement Contest
Sponsored by the Dr. Alan Birnkrant Fund
PSA Release and Consent Form

PARTICIPANT'S NAME: _____

SUBMISSION TITLE: _____

I agree that for the opportunity to participate in AWARE's Dr. Alan Birnkrant Public Service Announcement ("PSA") Contest, my PSA submission may be broadcast and distributed without limitation through any means and I shall not receive any compensation for my submission and my participation in the contest. All material submitted to AWARE become the property of AWARE and will not be returned. By submitting this PSA, I grant AWARE an irrevocable, royalty-free right in this PSA submission to use, publish, and otherwise alter in any way AWARE deems appropriate. I also agree that should it become necessary, I will sign any necessary documentation to effectuate that right and release to AWARE.

I confirm that any and all material furnished by me for this program is either my own or otherwise authorized for such use without obligation to me or any third party. I also agree to the use of my name, likeness, portrait or pictures, voice and biographical material about me for educational, program or series publicity and organizational promotional purposes.

I further agree that my participation in the program and my PSA submission confers upon me no rights to use, ownership or copyright. I release AWARE, its employees, agents, and assigns from all liability which may arise from any and/or all claims by me or any third party in connection with my participation in the program and my PSA submission.

It is understood that AWARE is under no obligation to broadcast the PSA submission. By signing below, I certify that I am at least eighteen years of age and I have read this Release and agree to all of its terms.

Participant's Name (please print) Date Participant's Signature

Street Address City State Zip Code

If you are under eighteen (18) years of age, your parent or legal guardian must sign below.

I, _____ certify that I am the parent or legal guardian of the above-named minor and on behalf of him/her, as well as myself, I have read this Release and agree to all of its terms.

Parent/Legal Guardian's Name (please print) Date Parent/Legal Guardian's Signature