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CONSENT & PHOTO RELEASE FORM

Please make copies of this form for each youth that participated in your film short and turn them in with your entry. Also, for youth under 18, please have your parent/ guardian sign and date the form in the allotted space.

Health Resources in Action with the Massachusetts Department of Public Health (MDPH) are sponsoring this film shorts contest for 2010. The contest, which will be followed by a Film Shorts Festival for the winning entrants, will allow youth to express themselves on film around issues of tobacco prevention.

I hereby agree to allow Health Resources in Action to publicly exhibit my film short on their website and in consideration of the mutual benefits flowing from such exhibition, I agree as follows:

1. Health Resources in Action is the sole owner of all rights in and to the film short and recordings and any parts or portions thereof for all purposes and uses of any type and in all media, without limitation, throughout the world and forever. Health Resources in Action's rights include the right to assign these rights to other.
2. Health Resources in Action shall have the right to use and license others to use my film short in connection with advertising and/or publicizing The 84 Movement.
3. By signing this agreement, I am releasing Health Resources in Action from and against claims of any nature arising by reason of the use of the film short, statements made by others on, or in connection with the film short, or Health Resources in Action's exercise of the rights which I have granted to them in this agreement.
4. I agree to indemnify and hold harmless Health Resources in Action from and against any and all claims, damages, liabilities, costs and expenses (including counsel fees) arising from the broadcast and other uses of my film short.
5. I represent that all of the necessary licenses and clearances have been obtained including but not limited to union fees, music license fees, video/ still use fees and personal appearance releases as well as any other licenses that may be required for the contemplated uses stated in paragraph 1.

Furthermore, I understand that Health Resources in Action program staff will be taking still photographs and video footage of participants at project-related activities. Photos and film are often used in the design of materials, including websites, videos, newsletters and other publications. I understand that I will not be paid for use of these photos or video footage, and I do not hold Health Resources in Action or MDPH responsible for any damages arising out of use of the photos or film.

Signature of youth: _____

Signature of parent/ guardian (if youth under 18): _____

Name of Youth (please print) : _____ Date: _____

Mail (postmarked no later than Feb. 20th)
Attn: Meg Myer
Health Resources in Action
95 Berkeley Street Suite 208
Boston, MA 02116

Email
Email: mmeyer@hria.org

Fax
Fax: 617-451-0062

Questions? Contact Meg at 617-279-2240 x373 or email mmeyer@hria.org