

Video Submission Form Radon Video Contest

Teacher			
Name:			
School: _			
Address:			
Phone:	Email:		
Student			
Name:			
Phone:	Email:		
Age:	Grade:		
Title of Vi	deo:		
Category	Number:		
2	 What is radon? Where does radon come from? How does radon get into our home? Radon can cause lung cancer. Test your home for radon. Mitigating radon in your home. 		
Video Info	ormation		
YouTube	Username used for Video Submitted:		
Link to Yo	ouTube Video:		
How man	y people participated in your video:		
List of ALL Participants (including non-students):			

Participant 1 Information: Circle one: Student Non-Student

Name:		Age:
Address:		
City:		Zip:
Phone:	Email:	
Participant 2 Info	ormation: Circle one: Stu	dent Non-Student
Full Name:		Age:
Address:		
City:		Zip:
Phone:	Email:	
Participant 3 Info	ormation: Circle one: Stu	dent Non-Student
Full Name:		Age:
Address:		
City:		Zip:
Phone:	Email:	
(Repeat for each part	icipant)	
Parent or Guardia	un of Participant (repeat f	for each participant)
Name		
Contact (phone an	d email):	

Also, each participant/parent or guardian of minors must complete and sign the following release information:

Conference of Radiation Control Program Directors (CRCPD) PHOTOGRAPH, VIDEO AND INFORMATION RELEASE FORM

I hereby give my consent to the Conference of Radiation Control Program Directors (CRCPD) and its legal representatives, employees, agents, and assigns to:

 photograph, film, and/or videotape and then use, reproduce, and publish said images of me and/or my child/children; and/or use, reproduce, and publish images, videos and information I have provided or may be viewed in.

Use of said images and information, as may be edited by CRCPD, is given with full right of disposition in any manner whatsoever, including the right to publish on or in, but not limited to:

- www.radonleaders.org
- www.CRCPD.org
- publications authorized by the Board of Directors and/or Executive Director

I understand that the CRCPD and its legal representatives, employees, agents, and assigns cannot warranty or guarantee that, on publication of my images or text, any further dissemination of the information will be subject to CRCPD supervision or control. Accordingly, I release CRCPD, and its legal representatives, employees, agents, and assigns from any and all liability related to further dissemination of the information.

In signing, I hereby release CRCPD and its legal representatives, employees, agents, and assigns from any and all claims whatsoever in connection with the use, reproduction, and publication of the images and information thereof.

I agree that photographs/negatives, film, or videotapes thereof made by CRCPD shall constitute the sole copyrighted property of CRCPD with full right of disposition in any manner whatsoever.

The Kentucky Department for Public Health is collaborating with Conference of Radiation Control Program Directors (CRCPD) on this project. By signing the CRCPD Release form, you provide KDPH the same consents.

(Please print parent/guardians name)	
(Fleuse print purent/guaratuns nume)	
(Please print child's name)	
Signature	Date
Signature for minor child	
Signature of CRCPD Representative	Date

