

“MY JOURNEY, MY STORY” SUBMISSION FORM

Entrant’s Name _____
Date of Birth _____ (under 18? Be sure to have Parent or Guardian sign the bottom portion of this form!)
Home Address _____
City _____ State _____ Zip Code _____ Telephone No. _____
Email Address _____

I HEREBY CERTIFY THAT THE SUBMITTED VIDEO WAS CREATED ENTIRELY BY ME, AND IS MY ORIGINAL ARTWORK AND THERE ARE NO COPYRIGHTED CHARACTERS USED. I AGREE THAT THE VIDEO MAY BE OFFERED FOR PUBLIC DISPLAY OR PROVIDED TO OTHERS AS PLAYABLE MEDIA, INCLUDING BUT NOT LIMITED TO TELEVISION, ONLINE VIDEO ARCHIVE, DVD, OR PUBLISHED AT SOME TIME DURING OR AFTER THE CONTEST. I UNDERSTAND THAT THE SUBMITTED VIDEO BECOMES THE PROPERTY OF IMAGINASIAN PICTURES AND MAY BE REPRODUCED. I HEREBY GRANT IMAGINASIAN PICTURES PERMISSION TO MAKE AVAILABLE, DISPLAY/PERFORM AND OTHERWISE DISTRIBUTE MY NAME AND VIDEO SUBMISSION IN ALL MEDIA IN PERPETUITY WITHOUT COMPENSATION. I HAVE READ, UNDERSTOOD, AND AGREE WITH THE OFFICIAL RULES OF “MY JOURNEY, MY STORY” SHARE YOUR EXPERIENCE CALL FOR SUBMISIONS.

Signature _____

Date _____

PARENTS/GUARDIAN CONSENT

I HEREBY CERTIFY THAT I AM THE PARENT/GUARDIAN OF THE ABOVE NAMED PARTICIPANT, AND I CONSENT TO HIM/HER SUBMITTING VIDEO AS PER OFFICIAL RULES. BY EXECUTING BELOW, I AGREE WITH, AND CONSENT TO RELEASE OF NAME AND AGE OF THE PATICIPANT, AS PER THE OFFICIAL RULES.

Name _____

Signature _____

Date _____

Telephon No. _____

Email Address _____