



**HOMETOWN HEALTH TV, LLC d/b/a RED APPLES MEDIA
STUDENT VIDEO PSA CONTEST CONTENT RELEASE FORM**

Student I have read and understand the full Official Rules and Guidelines and agree to abide by those rules. I have full authority to enter this video into this contest and that the video is original and owned by me. If needed, I have obtained the necessary release and permissions to enter this project. I understand that in the event my submission is selected as a winning entry, and the rights and/or originality of my entry cannot be verified to the satisfaction of the judges, my video will not be published by Red Apples Media.

Date: _____

Student Name: _____

Student Signature: _____

Student Email: _____

Student School Name: _____ **Student Grade:** _____

If student is under age 18, parent/guardian approval is required below:

Parent/Guardian:

I understand my child has submitted an original video to Red Apples Media for its student video PSA contest. I grant full permission and authority to Red Apples Media, to use, publish, and display the my child's produced video content as provided.

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____