

MTAC Video Contest Individual Release/Entry Form

Full Name: _____

Email: _____

Address: _____

Address (2): _____

City: _____

State: _____ Zipcode: _____

Do you agree to the rules of the contest? _____ Age: _____

I give permission for the entrant listed above to have their photograph and/or appearance in any video entered in this contest to be publicly released in the manner described in the rules, as public service announcements on television and/or on the internet, at the discretion of the Midwest Technology Assistance Center at the University of Illinois.

Parent/Guardian Full Name (if under 18): _____

Parent/Guardian email: _____

Parent/Guardian phone: _____

Signature: _____

Parent/Guardian Signature (if not 18): _____

Date: _____

Note: Personal information is for internal use, and will not be made available to anyone outside the contest without the entrant's permission.

Please complete and mail one signed form for each participant to: Steve Wilson, MTAC, 2204 Griffith Drive, Champaign, IL 61820. If you have questions, please call Steve at 217-333-0956.