Contest Entry Form

An entry form must be completed and signed for each individual involved in creation of the submission, as well as for each identifiable person appearing in your video in order for your entry to be considered complete and eligible for the prizes. If any participant (actor or creator) is under 18, this form must be completed and signed by his/her parent or guardian.

The City of St. Gabriel will not display or release any addresses, phone numbers or email addresses in connection with the submission.

I understand that an original video has been created that includes work done by or images of me or a minor child of whom I am parent/guardian. I further understand that this video is being submitted to YouTube and the City of St. Gabriel as a public service announcement. I grant full authority to the City of St. Gabriel to use, publish, display, reproduce, or replicate, without notice, the video submission and my or my child’s likeness, persona and/or voice contained in the video. I have read, understand, and agree to the rules and disclosures described on the Video Contest Submission Process, Rules and Disclosures page.

I understand that I will receive no form of compensation from the City of St. Gabriel relating to this video submission.

Title of Video Entry ______________________________________________________________

URL Link/YouTube Link ____________________________________________________________

Name of Student Submitting Video (Primary Contact)

Primary Contact Name __________________________________ Date of Birth ________________

Primary Contact Email ________________________________________ Phone# ________________

Signature _________________________________________________________________ Date __________

Parent/Guardian Name (if participant is under 18) ______________________________________

Parent/Guardian Signature _________________________________________________ Date __________
Participant’s Name __________________________ Date of Birth __________________________
Participants’ Email __________________________ Phone# __________________________
Participant’s Signature __________________________ Date __________________________
Parent/Guardian Name (if participant is under 18) __________________________
Parent/Guardian Signature __________________________ Date __________________________

Participant’s Name __________________________ Date of Birth __________________________
Participants’ Email __________________________ Phone# __________________________
Participant’s Signature __________________________ Date __________________________
Parent/Guardian Name (if participant is under 18) __________________________
Parent/Guardian Signature __________________________ Date __________________________

This completed form must be scanned and emailed to PSAContest@stgabriel.us before midnight, March 11, 2016, along with the Contest Entry Form and release forms for any other actors.