



SUMTER STORMWATER SOLUTIONS VIDEO CONTEST REGISTRATION FORM

Middle School or High School Categories



Date:

ENTRY INFORMATION (INDIVIDUAL)

Video Title:

First and Last name:

Age:

Grade Level:

Mailing address:

Contact phone number:

()

City:

State:

ZIP Code:

School:

Email:

Please Indicate Category (please check one box):

Middle School

High School

ENTRY FORM (GROUP)

List group members and school (Groups may include no more than 4 students) :

1.

School:

2.

School:

3.

School:

4.

School:

Email:

Contact phone number: ()

Mailing Address:

City:

State:

Zip code:

Video Title:

Please indicate category:

Middle School

High School

The above information is true to the best of my knowledge. I authorize Sumter Stormwater Solutions Video Contest to release any information required for the contest. I have read and agree to the rules of this contest. I acknowledge that the submitted video becomes property of Clemson Extension.

Signature

Date

Please submit video/photography consent form signed by parents/guardians of all students appearing in the video.



**SUMTER STORMWATER SOLUTIONS VIDEO CONTEST
REGISTRATION FORM**
Elementary School Category



Date:			
ENTRY INFORMATION (CLASS) ELEMENTARY ONLY			
Teacher's Name:			
Grade Level:		Video Title:	
Mailing address:		Contact phone number:	
		()	
City:	State:	ZIP Code:	
School:		Email:	

The above information is true to the best of my knowledge. I authorize Sumter Stormwater Solutions Video Contest to release any information required for the contest. I have read and agree to the rules of this contest. I acknowledge that the submitted video becomes property of Clemson Extension.

_____ *Teacher Signature* _____ *Date*

_____ (School Name) has on file media releases for all students appearing in the submitted video.

Yes No*

_____ *Teacher Signature* _____ *Date*

**If "No", please submit video/photography consent form signed by parents/guardians of all students appearing in the video.*

Mail Registration Form to:

**Attn: Jolie Brown
Clemson Extension, 5th Floor
115 North Harvin Street
Sumter, SC 29150**

Clemson Extension Video/Photography Consent Form

By signing below, I hereby grant permission to Clemson University, its employees or representatives, to use all or portions of the video submitted to the Sumter Stormwater Solutions Video Contest in which my child appears. I agree that my/my child's name and identity (one must be checked):

- May be revealed
- May NOT BE revealed

in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me. The video may be used in public media including but not limited to websites, social media and television. All negatives, positives, prints, digital reproductions and videotape shall be the property of Clemson University.

CHILD'S NAME (PRINTED) _____
PARENT/GUARDIAN'S NAME (PRINTED) _____
PARENT/GARDIAN'S SIGNATURE _____
DATE _____

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PARENT/GUARDIAN'S NAME (PRINTED) _____
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