



Don't Vape Contest Participation Forms

1. WAIVER OF LIABILITY AND PARTICIPATION AGREEMENT

I, [Student Name], understand and agree to the following terms for my participation in the above-named contest.

1. **Voluntary Participation:** I am voluntarily participating in this contest and understand the nature of the activities involved.
2. **Eligibility:** I am between the ages of 12 and 18, and I meet all other eligibility requirements as outlined in the contest rules.
3. **Waiver of Liability:** I hereby release, indemnify, and hold harmless the Anne Arundel County Department of Health, its officers, employees, and agents, from any and all liability, claims, demands, damages, and costs arising out of or in connection with my participation in this contest. This waiver extends to and covers all risks, known or unknown, foreseen or unforeseen, associated with my participation.
4. **Compliance with Rules:** I agree to abide by all the rules and regulations of the contest as provided by the Anne Arundel County Department of Health. I understand that failure to do so may result in my disqualification.

Participant's Signature: _____

Printed Name: _____

Date: _____

2. PARENTAL CONSENT AND MEDIA RELEASE FORM

I, [Parent/Guardian], the undersigned parent or legal guardian of the student named above, give my full consent for my child to participate in the above-named anti-vaping contest organized by the Anne Arundel County Department of Health.

I understand that my child's participation may involve the creation and submission of a video, which may feature my child's face and/or voice.

I hereby grant the Anne Arundel County Department of Health the following rights:

1. **Ownership of Video:** I agree that upon submission, the video becomes the sole and exclusive property of the Anne Arundel County Department of Health.
2. **Media Release:** I grant the Anne Arundel County Department of Health, and its agents, employees, and representatives, the unrestricted right and permission to use, publish, reproduce, and distribute my child's image, likeness, voice, and name, as captured in the submitted video. This includes the right to use the video in any promotional, advertising, educational, or other materials, in any media, now known or hereafter developed, without any additional compensation to me or my child.

I understand that this consent is perpetual and that the Anne Arundel County Department of Health is not obligated to use the video. I also affirm that my child's participation is voluntary and that I have read and understood this consent form.

Parent/Guardian's Signature: _____

Printed Name: _____

Relationship to Participant: _____

Date: _____

Some additional notes and thoughts:

What about additional kids? If their friends are in the contest – do multiple parents have to sign off on this?

I am wondering...if your kids are in AACPS – you have to consent to your children being photographed/video recorded...perhaps there is a way to ask that question – for example, *have all the participants in this video agreed to AACPS policy...*

***** ADD a list of students names in the paragraph box**