

TEEN VIDEOFEST 2019

Consent Form

(Must be signed by ALL contestants or parent/legal guardian, if the contestant is under 18)

I understand that it is the contestant's responsibility to secure all necessary technical resources for this contest. I understand that it is the contestant's responsibility to pre-test videos for proper functioning. I further agree that all video entries will become the property of Tarrant County Public Health. I have read and understand the Contest Rules and Guidelines and agree to all terms within.

Contestant under Age 18

I am the custodial parent or legal guardian of _____ (contestant's name).

I give my consent for my child to participate in the Teen VideoFest 2019 contest.

Print Parent/Legal Guardian Name

Signature

Date

OR

Contestant Age 18

Print Contestant Name

Signature

Date



Tarrant County Public Health

Accountability. Quality. Innovation.



A healthier community through leadership in health strategy



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