

YOUTH SUMMIT



and \$1,000 Video PSA Contest

RELEASE OF INTELLECTUAL RIGHTS

ENTRANT'S FIRST AND LAST NAME (PLEASE PRINT)			BIRTHDATE
IF MINOR, PARENT OR LEGAL GUARDIAN (PLEASE PRINT)			
STREET ADDRESS	CITY	STATE	ZIP CODE

I hereby consent and authorize SAVE to use and/or release (check all that apply):

- MEDIA INTERVIEW
- PHOTOGRAPH
- VIDEO / FILM
- WRITTEN / ORAL STATEMENTS

for use and/or reproduction in any format for any programs of SAVE. I hereby transfer to SAVE all of my and/or the minor's named rights and interest in such items and do hereby release SAVE and all subdivisions thereof from any and all claims, liabilities and damages now or in the future from the sale and/or reproduction of such materials.

- I have been advised that I have the right to refuse to sign this consent.
- I understand that I may withdraw or revoke this consent at any time by written notice to SAVE.
- I understand that there are no royalties, benefits, or remuneration of any kind available to me and/or the minor at any time.

ENTRANT'S SIGNATURE	DATE
PARENT /GUARDIAN SIGNATURE (IF NECESSARY)	RELATIONSHIP TO MINOR
WITNESS	DATE

