

## Video Authorized Release Form

A release form must be completed for each individual participating in the video.

The release forms must accompany the video entry form.

The authorized release form must be sent to: AAFP Tar Wars Video, 11400 Tomahawk Creek Parkway, Leawood, KS 66211 or emailed to: [jhaas@aafp.org](mailto:jhaas@aafp.org).

I hereby authorize Tar Wars and the American Academy of Family Physicians (AAFP), my child's school, where the video was created, to utilize

\_\_\_\_\_ 's  
(your child's name)

National Video Contest submission and/or contestant's photograph for use in various promotional activities, including:

- News releases to the media (television, radio, newspaper, magazine, outdoor advertising, etc.);
- Use on the official Tar Wars, AAFP, and state Tar Wars program Web sites; and
- Other non-commercial efforts (such as Tar Wars on Facebook and the Tar Wars YouTube Channel) as determined by Tar Wars, AAFP, or state Tar Wars program.

The only information that will be released to the media is your child's name, age, and hometown.

If you accept these terms and conditions, please complete and sign this form for entry into the national Tar Wars Video Contest.

**Child's Name** \_\_\_\_\_

**Child's Age** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Gender (circle one):** M F

**Mailing Address** \_\_\_\_\_

**Home Telephone Number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Name of Your Child's School** \_\_\_\_\_

**Printed Name of Parent or Guardian** \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_

**Today's Date** \_\_\_\_\_



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS

