

Marijuana Prevention PSA Counter-Ad Contest

Contest Theme: **“Just Because It’s Legal, Doesn’t Mean It’s Safe”**

Entries cannot include copyrighted material, unless permission has already been obtained. Be mindful of copyrighted elements such as music, brand names, and icons, logos on hats, clothes, cars, computers, and posters.

I, _____, hereby state that all footage, including music and any images, is originally created material, or that I have obtained proper, legal permission to use someone else’s copyrighted material. Entries will be void if they are incomplete, late, lost, damaged, or not viewable due to technical error. All entries will become the property of North Coastal Prevention Coalition. I give permission to the North Coastal Prevention Coalition to use any names, photographs, and video submissions for advertising, publicity, and promotion purposes. I am aware that by submitting this video, I agree to abide by all contest rules and regulations.

Entries must be received by March 31, 2020

In submitting my entry, I agree to the terms and conditions outlined in contest materials.

Name _____ Age _____
Grade _____

School _____
Email _____

Phone Number _____

Student Signature _____

Parent Signature _____

Terms and Conditions:

I allow North Coastal Prevention Coalition the right to reproduce and use my PSA throughout the community. I understand my entry will not be returned.

(Check, if copyrighted material used.)

Copyright permission is attached to my submission.

Vista Community Clinic serves as the fiscal agent for NCPC grants and contracts.

Funded in part by the County of San Diego, HHSA, Behavioral Health Services.

For information contact NCPC office at (760)-631-5000 ext. 7174 or email at www.northcoastalpreventioncoalition.org

FORM MUST BE COMPLETED FOR EACH ENTRY

Submit entry form, release forms and your artistic entry in one (1) of the following ways:

MAILED to: NCPC Marijuana Prevention PSA Contest, c/o Vista Community Clinic,
1000 Vale Terrace, Vista, CA 92084

DELIVERED in PERSON to: Vista Community Clinic Program and Admin Offices,
465 La Tortuga, Vista, CA 92081

ONLINE SUBMISSION: Using YouTube Link for video or audio (No more than 60 seconds),
For Visual (poster, graphic, digital ad, etc.) use correct (PDF/JPEG/PNG) format

EMAIL to: info@northcoastalpreventioncoalition.org

Subject Title: PSA Contest

All entries must be **RECEIVED** by **March 31, 2020**.

For more details, visit: <http://northcoastalpreventioncoalition.org/get-involved/2020-marijuana-prevention-psa-counter-ad-contest/>

Type of Entry:

- Video or Audio (No more than 60 seconds)
 Visual (Please provide visual in digital format)
 Audio (No more than 60 seconds)

STUDENT/GROUP:	
SCHOOL/ORGANIZATION:	
ADDRESS:	
PHONE #:	
EMAIL:	
PSA TITLE:	

By signing below, I acknowledge that this submission is an original artwork for this contest and was developed by youth in grades 6-12 in San Diego County in accordance with the instructions of the North Coastal Prevention Coalition/Vista Community Clinic 420 Remix contest. I agree to complete and furnish all necessary forms and documents as required including photo/image release form, parental permission, and copyright acknowledgement form.

Student Signature: _____ Date: _____

Parent/Advisor Signature: _____ Date: _____

For email submissions, checking box constitutes signature and agreement with all contest rules

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**AUTHORIZATION FOR USE OR DISCLOSURE OF PARTICIPANT IMAGE IN VIDEO,
PHOTOGRAPHIC FOOTAGE & PROTECTED HEALTH INFORMATION**

I, _____, authorize Vista Community Clinic and its affiliates, subsidiaries, divisions, members, directors, officers, agents, employees, and independent contractors (referred to collectively herein as "VCC"), to use and disclose my image in photographs and/or video footage taken of me and to disclose protected health information about me, including my name, age, program participation and events in promotional, marketing, instructional, or educational projects ("Projects") that show how the programs of the Vista Community Clinic and the North Coastal Prevention Coalition help people throughout its service area.

The Projects may be disclosed to governmental agencies, corporate or individual donors, foundations, and to the public in general, and may include, but are not limited to: videos, newsletters, websites, reports, brochures, press releases, presentations, exhibits, displays, PowerPoint presentations, social media activity, annual reports, applications, fund-raising activities, and appeal letters. I waive any rights of compensation or ownership of such photographs and/or video footage taken of me.

This authorization may be revoked at any time if notification of such revocation is submitted **in writing** to Vista Community Clinic. Such revocation may either be hand-delivered or mailed to Vista Community Clinic at 1000 Vale Terrace Vista, CA 92084. I understand that I will not be able to revoke this authorization if the VCC has already taken action in reliance on the authorization and, even if I revoke my authorization, VCC may not be able to remove my image or my protected health information from Projects already disclosed. I am aware that my image and protected health information disclosed pursuant to this authorization may be re-disclosed by the recipient of the information, at which time my image and protected health information may no longer be protected by state federal privacy regulations and could be re-disclosed without my authorization.

I understand that photographs and/or video footage of me and other protected health information about me may be used in social media sites and that, once posted on the internet, such images and information are almost impossible to recall.

_____ *Please initial here*

I am aware that VCC may receive direct or indirect remuneration in connection with the use or disclosure of my image and information about me for the purposes stated herein.

I understand that VCC cannot require me to sign this authorization in order for me to participate in programs, that my signature on this authorization is voluntary, and that I may refuse to sign this authorization. I am aware of my right to receive a copy of this signed authorization.

*Note: This authorization refers to both internal VCC use as well as external VCC use.

Youth Participant's Signature

Date

Parent/Guardian's Signature

Date

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