



Marijuana Prevention PSA Contest

Contest Theme: **“Smoking is NOT Coping”**

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 April 5, 2021.

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. I understand the use of copyrighted materials without permission is a violation of contest rules, and will attached copyright permission to my submission if applicable.

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 entry

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 entry to: smokingisnotcoping@gmail.com Subject Title: PSA Contest

Or Direct Message- @smokingisnotcoping on Instagram (must include full name, entry and permission forms)

All entries must be **RECEIVED** by April 5, 2021.

For more details, visit: <https://northcoastalpreventioncoalition.org/get-involved/2021-psa-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 (images) and/or video footage taken of me.

This authorization may be revoked at any time if notification of such revocations 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 my authorization if the VCC has removed my image or my protected health information from Projects already disclosed.

I understand that photographs (images) and/or video footage of me and other protected health information about me may be used on 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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