



420 Remix 2025 PSA Contest

Entry Form

FORM MUST BE COMPLETED FOR EACH ENTRY PARTICIPANT

Contest Goal: Create an effective message with a digital image or video aimed to prevent youth from using marijuana utilizing positive social norms.

Directions: Youth can work individually or as a team to submit an entry. Each youth must complete an Entry Form and Release Form, and submit them with the digital entry to info@northcoastalpreventioncoalition.org with the Subject Title: *PSA Contest Entry* by **Friday, March 21, 2025 and 11:59PM.**

Digital image must be one of the following formats, PDF/JPEG/PNG and format size (2592 x 864 pixels OR 5292 x 1404 pixels) OR a 30-second video in MP4 format. 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 and Vista Community Clinic. I give permission to the North Coastal Prevention Coalition and Vista Community Clinic to use any names, photographs, and digital image or video submissions for advertising, publicity, and promotion purposes. I allow North Coastal Prevention Coalition and Vista Community Clinic 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 attach copyright permission to my submission if applicable. I am aware that by submitting this PSA, I agree to abide by all contest rules and regulations.

Name _____ Age _____

School _____ Grade _____

Email _____

For information: visit <https://northcoastalpreventioncoalition.org/category/420-remix/> or email at info@northcoastalpreventioncoalition.org

The 420 Remix PSA Contest is made possible with funding from the Oceanside Drug-Free Communities Initiative.

Phone _____

Please check one:

- Individual Entry Group Entry. If checked, name of group _____

STUDENT Name	
SCHOOL/ORGANIZATION:	
Copyrighted Material	Was copyrighted materials used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was permission obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please attach written permission to the Entry Form</i>
PSA Type (check one)	<input type="checkbox"/> Digital Image <input type="checkbox"/> Video
PSA TITLE:	
MEANING OR INSPIRATION (200 words or less) What is the meaning or inspiration for your entry and what message do you hope it sends?	

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

Youth Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

If under 18 years of age parent/guardian must sign

Updated 12/11/24

Release Form

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

I, _____, authorize North Coastal Prevention Coalition, 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 VCC 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: _____