



New Mexico Chronic Disease Prevention Council

&

New Mexico Allied Council on Tobacco

P.O. Box 3511 | Albuquerque, NM 87190

www.ChronicDiseaseNM.org | www.NewMexicoACT.org



RELEASE FOR VIDEO SUBMISSIONS

New Mexico Chronic Disease Prevention Council is a tax-exempt 501 (c) (3) non-profit organization, Tax ID # 46-4215344.

Information About You:

Print Name of Video Producer: *(Name of person submitting video)*

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Information About Your Presentation:

Name(s) of People Featured in Video:

Are any people featured under the age of 18? YES NO

If YES, do you have permission from parents or legal guardians to take part in the contest? YES NO

Provide copy of permission form with name and signature of parent. See page 3.

CDPC/NMACT would like to capture your production in audio, video, or static image format. To that end, we want to make certain that both you and CDPC/NMACT have the necessary rights and protections to continue to benefit from your presentation.

CDPC/NMACT will hold the copyright to the recording and would like to have the option to continue to use the recording and materials. In addition to creating an archive copy for educational purposes, possible uses of the recording include, but are not limited to, inclusion in CDPC/NMACT websites, social media, sharing of electronic files with members and the public, and to the public via distribution partners.

The Video Producer will retain all rights to the ideas and other intellectual property contained within the production. Unless there is an exception called out to you by your CDPC/NMACT host, CDPC/NMACT is happy to provide a copy of the recording to you and will grant you a non-exclusive license to use the recording in any way you'd like.

Sign Here | Signature ► _____ Date: _____

NMCDPC OFFICE USE ONLY

RECEIVED BY: _____ Date Received: _____

(Staff Member Name/Signature)

Entered in LGL Database Date: _____ Initial: _____

Acknowledgement/Donation/Tax Letter Date: _____ Initial: _____

Bookkeeping/Quickbooks Journal Entry Date: _____ Initial: _____



New Mexico Chronic Disease Prevention Council
P.O. Box 3511 | Albuquerque, NM 87190 | www.chronicdiseasenm.org

RELEASE FOR VIDEO SUBMISSIONS

This form is provided to you as a producer of a video and/or entrant into a challenge/contest for the New Mexico Chronic Disease Prevention Council (CDPC) and/or New Mexico Allied Council on Tobacco (NMACT). CDPC/NMACT would like to capture your production in audio and/or static image format. To that end, we want to make certain that both you and CDPC/NMACT have the necessary rights and protections to continue to benefit from your presentation.

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Check each of the boxes to agree to the conditions of this release:

- I give permission to CDPC/NMACT to capture my production as identified above.
- I give CDPC/NMACT permission to use my name, likeness and biographic information to use, promote or exploit the video/recording or any derivative work of the video/recording.
- I acknowledge that the Board of CDPC/NMACT, in capturing my video production, will become the copyright owner of the recording. To the extent I have any rights in the recording, I hereby assign all my rights, title and interests in and to the video/recording to CDPC/NMACT.
- I understand that possible uses of the video/recording by CDPC/NMACT include, but are not limited to, inclusion in CDPC/NMACT websites, social media, sharing of electronic files with members and the public, and delivery to the public via distribution partners.
- I understand that CDPC/NMACT grants me the nonexclusive right to exploit the video/recording in any manner. I understand that I have the right to ask my CDPC/NMACT host to provide me a copy.
- I acknowledge that this Release is governed by New Mexico law and is a legally binding agreement.
- I verify that I have authority to enter into this agreement and that I will be bound by its terms.

Signature: _____ Date: _____

Please return the signed form to your CDPC/NMACT contact.

Parental Permission Letter

Please indicate whether or not you wish to allow your child to participate in this project by checking one of the statements below, signing your name and returning this form to Trish@ChronicDisaseNM.org or mail the original signed form to P.O. Box 3511, Albuquerque, NM 87190.

Sign and make a copy for your records.

_____ I **did** grant permission for my child to participate in the *NM ACT Video Challenge*.

_____ I **did not** grant permission for my child to participate in the *NM ACT Video Challenge*.

Signature of Parent/Guardian

Printed Parent/Guardian Name

Printed Name of Child (Person under 18 years of age)

Date

DATE RECEIVED:

Initial _____

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