

# TEEN VIDEOFEST 2020

## Consent Form

(Must be signed by ALL contestants or parent/legal guardian, if the contestant is under 18)

I understand that it is the contestant's responsibility to secure all necessary technical resources for this contest. I understand that it is the contestant's responsibility to pre-test videos for proper functioning. I further agree that all video entries will become the property of Tarrant County Public Health. I have read and understand the Contest Rules and Guidelines and agree to all terms within.

### Contestant under Age 18

I am the custodial parent or legal guardian of \_\_\_\_\_ (contestant's name).

I give my consent for my child to participate in the Teen VideoFest 2019 contest.

\_\_\_\_\_  
Print Parent/Legal Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

OR

### Contestant Age 18

\_\_\_\_\_  
Print Contestant Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Tarrant County Public Health**

*Accountability. Quality. Innovation.*



*A healthier community through leadership in health strategy*



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