

# Riverside County Public Health Centennial Video Contest Waiver and Release Form (For All Cast and Crew)



School/Organization Name: \_\_\_\_\_

**1. Consent to Recording and Use** In consideration of my participation in any activities, projects, or productions (“Entries”) created for the Riverside County Public Health Centennial Video Contest, I consent to the photographing, recording, and any other form of reproduction of my image, voice, and participation (“Recordings”). This includes video, audio, photographs, and online use. I waive any right to review or approve the final materials. I understand that I will not receive monetary compensation now or in the future for my participation.

**2. Ownership and Rights Granted** I agree that the Program Participant(s) and Riverside County Public Health Centennial Video Contest, including their agents and assigns (“Riverside County Public Health”), are the exclusive owners of all Entries and Recordings. Riverside County Public Health may, without limitation and in perpetuity:

- Exhibit, broadcast, reproduce, distribute, or license the Entries and Recordings in any media now known or later developed.
- Edit, modify, combine, or incorporate the Entries and Recordings into other projects.
- Use my name, voice, likeness, image, photograph, performance, participation, expressions, personal experiences, and biographical information (“Name and Likeness”) for production, promotion, advertising, publicity, and related purposes without obligation or compensation.

**3. Originality of Materials** I represent that all music, images, footage, and materials included in the Entries or Recordings are original, in the public domain, or used with proper permission. To the best of my knowledge, nothing in the Entries infringes on the rights of any third party. I warrant that I have the authority to enter into this Waiver and Release (“Release”) and to grant the rights described above.

#### 4. Definitions

#### Agreed and Accepted:

First and Last Name of Participant: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

#### If Signatory is Under 18:

I have read and understand this Release, and I consent to my child’s/ward’s participation. In consideration of the terms described above, I release the Released Parties from any claims I may have in connection with this project, and I fully and unconditionally guarantee my child’s/ward’s agreements, waivers, and grant of rights as stated in this Release.

First and Last Name of Parent or Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

• **“Releasing Parties”** include me and my heirs, next of kin, spouse or partner, guardians, legal representatives, executors, administrators, successors, and assigns.

• **“Released Parties”** include the Youth/Filmmaker, Riverside County Public Health, and all related or affiliated organizations, sponsors, licensees, successors, assigns, and their directors, officers, employees, agents, contractors, partners, and representatives.

**5. Assumption of Risk** I voluntarily assume all risks, known or unknown, associated with my participation in the contest and related activities (“Participation”). These risks may include physical, emotional, or mental injury, illness, or other harm arising from filming, travel, or the distribution of the Entries and Recordings.

**6. Release of Liability** I, on behalf of myself and all Releasing Parties, voluntarily release and discharge the Released Parties from any and all claims related to my Participation. This includes claims arising from:

- Travel to or from filming locations or the Riverside County Public Health All-Staff Training.
- The creation, editing, production, distribution, or promotion of the Entries or Recordings.
- Personal injury, negligence, wrongful death, defamation, invasion of privacy, right of publicity, copyright infringement, or emotional distress This release applies to all claims, whether known or unknown, and whether based on negligence or any other legal theory.

**7. Age Verification** I represent that I am at least 18 years old. If I am under 18, my parent or legal guardian has reviewed and signed this Release on my behalf.

**8. No Future Claims** I agree not to assert any claim of any kind against Riverside County Public Health or any Released Party relating to the permissions granted in this Release.