

## 2014 Tar Wars Video Authorized Release Form

This form must be completed for each individual participating in the video. The release forms must accompany the video entry form.

I hereby authorize Tar Wars and the American Academy of Family Physicians (AAFP), my child's school, where the video was created, and the acting Tar Wars state program to utilize

\_\_\_\_\_  
(your child's name)

State and/or national video contest submission and/or photographs for use in various promotional activities, including:

- News releases to the media (television, radio, newspaper, magazine, outdoor advertising, etc.)
- Reproduction in Tar Wars, AAFP, and state Tar Wars program publications
- Use on the official Tar Wars, AAFP, and state Tar Wars program Web sites, and
- Other non commercial efforts (such as Tar Wars page on Facebook and the Tar Wars YouTube Channel) as determined by Tar Wars, AAFP, or state Tar Wars program.

The only information that will be released to the media is your child's name, age, and hometown.

If you accept these terms and conditions, please complete and sign this form to accompany your child's video for entry into the national Tar Wars Video Contest.

The American Academy of Family Physicians Tar Wars National Video Contest **deadline is May 15, 2014.**

**Please type or print legibly the information requested on the form.**

### Student Information

Student's Name			
Home Address			
City, State, and Zip Code			
Phone			
Student's Age	Grade		Gender (check one) <input type="checkbox"/> M <input type="checkbox"/> F
Printed or Typed Name of Parent or Guardian			
Signature of Parent or Guardian			
E-Mail			
Date			

If you have questions, please contact AAFP Tar Wars staff at 800-TAR-WARS (800-827-9277) or [tarwars@aafp.org](mailto:tarwars@aafp.org).