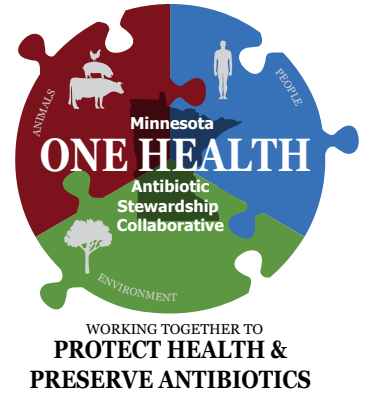


Lights, Camera, Action for Antibiotics Video Contest

ENTRY FORM



Video director name:

Phone:

E-mail:

Age:

Grade:

School:

City:

Video Title (must match YouTube video title):

How did you hear about the Lights, Camera, Action for Antibiotics Video Contest Challenge?

I hereby declare the following:

1. That I am the lawful author/copyright owner/authorized party of this image/works submitted.
2. That I give Minnesota Department of Health and its partners the absolute rights and permission to the copyrights to use or reuse, to publish or republish and to produce the image/works that I have submitted. The permission includes, but is not limited to, printed materials, web sites and social media.
3. That I have sought relevant permission, and authority for the models/persons/individuals involved and venue and image of props used in my submitted works.
4. By entering, I hereby hold harmless and release and forever discharge the Minnesota Department of Health from any and all claims, demands, and causes of action which I, any persons acting on my behalf of my estate have or may have by reason of my participation in this contest.
5. By entering, I agree to indemnify, defend and hold harmless Minnesota Department of Health, its respective subsidiaries, affiliates, directors, officers, employees, attorneys, agents and representatives, from any and all third party liability for any injuries, loss, claim, action, demand or damage of any kind arising from or in connection with the competition (collectively, "Losses"), including without limitation any third party claim for copyright infringement or a violation of an individual's right to privacy and/or publicity right.
6. That I have met all the rules and regulations stated for this contest.
7. Minnesota Department of Health will not authorize third parties' use of submitted images/works for commercial use. Minnesota Department of Health will use its best efforts to prevent unauthorized use of the images/works. Minnesota Department of Health cannot guarantee the prevention of unauthorized use of such images/works, including commercial use and I release the Minnesota Department of Health from any claims of or liability for unauthorized use of the images/works.

Video Director Name (print):

If under 18, Age:

Video Director Signature:

If under 18, Parent/Guardian Name (print):

Date:

If under 18, Parent/Guardian Signature:

Date:



WORKING TOGETHER TO
**PROTECT HEALTH &
PRESERVE ANTIBIOTICS**

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