

KidVid Contest



Submission Form

I acknowledge that I have read, understand, and agree to the contest rules and uses for my video submission. This includes granting permission to use the provided videotape of me or my dependent minors and to release, publish, broadcast or quote this material in U.S. Department of State public information programs and activities, including future speeches, websites, broadcast and print media.

Child's Full Signature **Date**

Parent's Signature **Date**

Child's Name _____

Grade and Age _____

Post City _____

Parent's Name _____

Parent's Agency _____

Pouch Address _____

Parent's Work Email _____

Parent's Personal Email _____

Please print clearly

