

# Dr. Martin Luther King, Jr. Birthday Celebration Commission Video Contest PARTICIPANT RELEASE FORM

**All participants appearing in the video must sign this release form. Use additional copies if needed.  
Complete and return by Nov. 30, 2012.**

Return via the online contest form at [bloomington.in.gov/mlk](http://bloomington.in.gov/mlk), or email to [brennerc@bloomington.in.gov](mailto:brennerc@bloomington.in.gov),  
or mail/drop off to City of Bloomington MLK Commission, 401 N. Morton St., Suite 260, Bloomington, IN 47404

*please print or type*

## Contestant Information

Name of Video Contest Entry: \_\_\_\_\_

Name of Creator/s: \_\_\_\_\_

Contact phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Release

- I acknowledge that my appearance in this video is completely voluntary. I, the below-signed, for myself, my heirs and assigns hereby give my permission to the City of Bloomington to use my appearance in the video and any parts thereof, including still photos and audio of me, in any manner desired.
- I understand that there are no promises of compensation for appearing in this video.
- I hereby release the City of Bloomington, Indiana, its employees, affiliates and agents from any claims, demands, and suits arising out of this video.
- I represent that I have the right to enter into this agreement. If I am less than 18 years of age, my parent and/or legal guardian will sign for me and indicate this status.

## Video Participant

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
dd/mm/yyyy

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Signature

\_\_\_\_\_  
Signature of Person Appearing in Video (or Parent/Legal Guardian if under 18)

\_\_\_\_\_  
Date