



**2021 VaxUp Video Contest
2021 Parent/Guardian and Student Consent Form**

School Name

City

Advisor's Name

Student's Name

I am, or my child is, participating in the 2021 VaxUp Video Contest sponsored by the County of Santa Clara Public Health Department (SCCPHD). On behalf of myself, my child, and each of our respective heirs, successors and assigns (if applicable), I hereby:

Acknowledge that I have read, understood, and voluntarily agree to be bound by the terms and conditions of the [2021 VaxUp Video Contest Official Rules \("Official Rules"\)](#).

Confirm that my or my child's entry in the 2021 VaxUp Video Contest complies with all the terms and conditions of the Official Rules.

Agree to waive, release, forever discharge, and covenant not to make any claim against or sue the County of Santa Clara or any of its employees, agents, officers, directors, and representatives for any claim, liability, loss, injury or damage arising out of, or in connection with the entry, the 2021 VaxUp Video Contest, or use of the entry for the purpose of COVID-19 education or any other lawful purpose.

Grant to the County of Santa Clara an irrevocable, perpetual, and royalty-free right to reproduce, edit, display, transmit, prepare derivative works of, modify, publish, and otherwise make use of the entry in any and all media, whether now known or hereinafter created, for the purpose of COVID-19 education or any other lawful purpose.

Agree to indemnify and hold harmless the County of Santa Clara and its employees, agents, officers, directors, and representatives from and against any liabilities, losses, claims, demands, costs (including, without limitation, reasonable attorneys' fees) and expenses arising out of or in connection with participation in the 2021 VaxUp Video Contest.

- Acknowledge that I may rescind the right granted to the County of Santa Clara to reproduce, edit, display, transmit, prepare derivative works of, modify, publish, and otherwise make use of my or my child's entry in the 2021 VaxUp Video Contest if compliance with that request is not unreasonably burdensome to the County or unlawful. I also understand that rescission of my consent will not affect any uses of the entry that have occurred before I notify the County of my decision to rescind consent. I also understand that any request to terminate my consent must be in writing, signed by me, and delivered to the County of Santa Clara Public Health Department's Public Information Officer at 976 Lenzen Ave., 2nd Floor, San Jose, CA 95126.



Student's Name (please print)

Parent/Legal Guardian's Name (please print)

Student's Signature

Parent/Legal Guardian's Signature

Date

Date

Student's Email

Parent/Legal Guardian's Phone

Parent/Legal Guardian's Email

