

“My Preparedness Story: Staying Healthy and Resilient” Video Challenge

Parent/Legal Guardian Consent Form

Instructions:

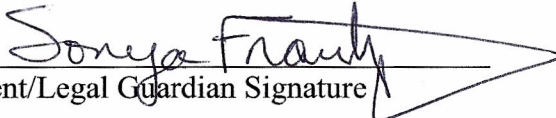
In order for individuals under the age of 18 to be eligible to compete in the My Preparedness Story: Staying Healthy and Resilient Video Challenge, their entry must be accompanied by a signed copy of this form. The signature must be from the parent or legal guardian of the minor who participated in the proposal submitted.

By signing and returning this form, I represent and warrant that:

- I have read, understand, and agree to the [Challenge's Rules](#). Further, I have verified that the minor entrant on whose behalf I am submitting this entry meets all eligibility criteria listed therein.
- I understand the minor entrant will be providing certain rights to the agency sponsoring the challenge.
- I agree to the collection and potential public use of the minor entrant's personal information (such as name, grade, town of residence, etc.).
- I authorize the minor entrant to participate in such submission and to be bound to the rules.

I, therefore, discharge and hold harmless the United States government, the Office of the Assistant Secretary for Preparedness and Response of the U.S Department of Health and Human Services, and any other organizations responsible for sponsoring, fulfilling, administering, advertising, or promoting the Challenge, and all of their respective past and present officers, directors, employees, agents and representatives (collectively the “Released Parties”) from and against any and all claims, expenses, and liability. This includes negligence and damages of any kind to persons and property, as well as invasion of privacy (under public disclosure of private facts, false light in the public eye or other legal theory), defamation, slander, libel, violation of right of publicity, infringement of trademark, copyright or other intellectual property rights, property damage, or personal injury arising out of or relating to the minor entrant's creation of an entry or submission of an entry. I further agree to indemnify, defend, and hold harmless the Released Parties from and against any and all claims, expenses, and liabilities (including reasonable attorneys' fees) arising out of or relating to the minor entrant's participation in the Challenge and entrant's acceptance, use, or misuse of prize.

	Entrant Minor	Parent or Legal Guardian
Name	Jenna Frantz	Sonya Frantz
Address	571 Woodland Drive	571 Woodland Drive
City	Versailles	Versailles
State and Zip	Ohio 45380	Ohio 45380
Country	USA	USA
Phone	937-423-4481	937-423-4481
E-mail	smfrantz@embarqmail.com	smfrantz@embarqmail.com
Age	16	48


Parent/Legal Guardian Signature

3/28/16

Date (dd/mm/yyyy)