
PSAid 2019 Registration, Certification and Release Forms

The following pages provide copies of the necessary documents to enter PSAid. **Please note** that Registration and Certification forms will be completed online and Release form(s) should be uploaded as separate file(s). Completed entries, with registration/consent form(s) and applicable release form(s), are due no later than 11:59 PM PDT on March 28, 2019.

Registration

For group entries, each group member must fill out this form, which indicates below which person has been designated as the group leader.

Category: Digital Image Video Print

Check Here if Submitting Spanish Version

Name: _____ Group Leader? (Y/N) _____

Name of PSAid Entry: _____

Preferred PSA Attribution: _____
(e.g., "Mary Smith, Chicago, IL" or "M. Smith, Chicago, IL")

School Email Address: _____

Alternate Email Address: _____

School Name: _____

Professor Name, *if applicable*: _____

Provide a brief explanation of your PSA (i.e. describe the concept, rationale for creative execution, etc.)

Please share what you found to be most meaningful as you worked on your PSA submission. Is there any personal significance to your submission?

Certification and Release

To be completed by all contest entrants, including individual and group members.

By signing this form, I warrant and represent that I am a United States citizen or legal resident and that I am over 18 years of age. Further represent that I have complied with all of the Official Rules and Guidelines of the Contest, and that I have committed no fraud or deception in entering the Contest.

By submitting this entry, I warrant that my entry is an original work, that I am the sole author (unless group specified) and copyright owner of this PSA and its contents and that I have permission (via license or otherwise) to use or incorporate those entry portions authored or owned by third parties.

In consideration of my participation in this Contest, I hereby grant to Macfadden and to the United States Agency for International Development's Office of U.S. Foreign Disaster Assistance (USAID/OFDA), a royalty free, nonexclusive irrevocable license to copy, reproduce, display, or distribute the entry, and to make derivative works based upon the entry or a substantial portion of the entry without attribution or prior permission, in any media now known or hereafter developed, including on USAID's website, for the purpose of promoting USAID/OFDA's mission for a period of up to 10 years. I further grant Macfadden and its agents and assigns, and to USAID/OFDA, the right to use my name and likeness for any publicity without further compensation or permission. I understand that my PSA entry will not be returned and that my PSA entry becomes the sole property of USAID/OFDA to use at its discretion and that USAID/OFDA has no obligation to use my entry.

I hereby release, discharge and absolve Macfadden on behalf of the Center for International Disaster Information, USAID/OFDA, the U.S. Government and anyone who receives permission from them to use said information, from any and all actions, suits, claims and demands of any kind whatsoever, arising from the use of my entry, name and/or likeness in accordance with the terms hereof.

I am over 18 years of age and have the right to make this agreement.

Please check this box to certify your agreement to the above statements:

Contestant Name: _____

Name of Entry: _____

Group Leader Name, if applicable: _____

PSAid 2019 Personal Release Form

This personal release form must be filled out by each person in the PSA whose picture, likeness, voice, and/or name has been used, for all categories.

I, _____ (print name), hereby grant Macfadden and the United States Agency for International Development's Office of U.S. Foreign Disaster Assistance (USAID/OFDA), permission to use my likeness, voice, picture, and name for print, radio, or television commercials to be broadcast anywhere throughout the United States and the world and to edit such material on film or videotape for these purposes.

I hereby attest that I have read and agree to the above statement on this _____ day of _____ (month), _____ (year).

Signature: _____ **Date:** _____

PSAid Entry Date: _____

PSAid Category (print, video or digital image): _____

Submitter (or group leader): _____

Signature of parent or guardian is required if person is under 18 years of age.

Signature: _____ **Date:** _____