

AVID NATIONAL STUDENT VIDEO COMPETITION DECLARATION FORM

Name:	Year Level:
--------------	--------------------

School Name:	Student Email:
---------------------	-----------------------

I, _____, confirm that the entry attached is true and based on my own experience. I understand that if I or my team are selected as one of the winners, I will be required to:

- Provide permission for my video to be shown to the public and to feature at AVID's National Conference.
- Record a short video discussing how I made and why I made the video I submitted for the competition.
- Agree to feature in related media opportunities for the event.

I understand that if I am selected as a runner-up, my entry may be featured at National Conference.

Student's signature

Parent or guardian's signature

Date

