Be a BOSS

2026 Public Service Awareness Video Contest

CONSOLIDATED PARENT/GUARDIAN AUTHORIZATION, MEDIA RELEASE, AND SUBMISSION RELEASE

STUDENT/CHILD'S NAME

PARENT'S/LEGAL GUARDIAN'S NAME

As parent and/or legal guardian of the child named above (the 'Child'), I authorize my Child's participation in the Capital Region Crime Stoppers HOPE Initiative Be a BOSS! Public Service Awareness (PSA) Contest (the 'Contest').

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, on my own and my Child's behalf, I grant to Capital Region Crime Stoppers and the partners in the HOPE Initiative, and its sponsors, licensees, assigns and successors in interest, all right, title and interest, throughout the world and in perpetuity, in and to my or the Child's performance, appearance, name, voice and the results and proceeds thereof relating to my or the Child's entry video for the Contest (the 'Submission' or the 'Video'), including without limitation photographs, videotapes, other media material and sound recordings of myself or the Child that Capital Region Crime Stoppers, its licensees, and its HOPE Initiative partners have developed or will develop.

On my own and my Child's behalf, I further grant Capital Region Crime Stoppers, sponsors, licensees and its HOPE Initiative partners, assigns and successors in interest a worldwide, perpetual, irrevocable license to use, license to others to use, reproduce, edit, prepare derivative works, publish, broadcast, distribute copies to the public, and perform and display publicly in any manner and for any purpose the video created and submitted by or on behalf of my Child for the Contest.

I authorize Capital Region Crime Stoppers, licensees, and its HOPE Initiative partners: 1. To edit the Submission and to include it with other performances and with sound effects, special effects and music; 2. To use the Submission in the Video, or not, in Capital Region Crime Stoppers' sole discretion; 3. To use and license others to use the Submission in any manner or media, including without limitation unrestricted use for purposes of publicity, advertising, fundraising and education; and 4. To use my or the Child's name, likeness, voice, school name, grade level, biographic information, or other information provided in connection with the Submission for any purpose.

On my own and my Child's behalf, I certify that the Submission is the Child's original work, to the best of my knowledge, and I have the authority to assign these rights to the Submission and content contained therein. I understand the Submission will not be returned, and Capital Region Crime Stoppers and its partners in the HOPE Initiative have no obligation to use the Submission.

I acknowledge that Capital Region Crime Stoppers, its licensees, and its HOPE Initiative partners own all rights to such photographs, videos, media material, sound recordings and any other content resulting from the Submission (the 'Media Content'), in its entirety, including without limitation the right to all intellectual property rights and extensions or renewals thereof, and I hereby waive any right I may have to inspect and/or approve the finished product in which the Media Content may be included.

I acknowledge any Media Content developed in connection with the Submission may be used by Capital Region Crime Stoppers, its licensees, and its HOPE Initiative partners for any purpose, including but not limited to promoting the mission of the initiative.

I release and discharge Capital Region Crime Stoppers, its sponsors, partners in the HOPE Initiative, employees, officers, directors, volunteers, licensees, designees, successors and assigns from any and all claims, actions and demands arising out of or relating to use of the Submission and/or Media Content, including but not limited to claims for invasion of privacy, defamation and libel.

I acknowledge that neither I nor my Child expect remuneration or compensation from Capital Region Crime Stoppers, its partners in the HOPE Initiative, or any person or entity for the right and permission to use the Submission or Media Content.

I represent that my Child and I have the right and authority to enter into this Authorization and Release and that the rights granted herein will not conflict with or violate any commitment or understanding I have with any other person or entity. I have read this document and fully understand its content.

ACKNOWLEDGED AND AGREED on the date set forth below:

Print Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

Relationship to Child: _____

Phone: _____ Email: _____

Yes, my child and I have read, and will abide by the Official Rules and Regulations for this contest.

Sponsor/Group Information

School/Organization Name: _____

Teacher/Adult Leader Sponsor Name: _____