

Know Your Neuro

Parent/Guardian Consent Form



This form serves as a means for parents/guardians to consent to their child creating a video for and submitting a video to the KnowYourNeuro.org website student music video contest.

Student Information

Student Name: _____

School Name: _____

City: _____ State/Province: _____ Country: _____

Email: _____ Phone: _____

Student-Made Videos

- In order to compete in the KnowYourNeuro.org student music video contest, your child must film and submit a video to <https://www.knowyourneuro.org>. The contest is used as an opportunity for students to learn about the effects of high-risk behavior on the brain and challenge youth to abstain from engaging in high-risk behavior such as drugs, alcohol and vaping or smoking.
- It is your child's decision whether or not to be on screen in their video. It is your child's decision to have their voice included in their video. Videos do not need to include your child's face or voice; different styles are accepted, including live action, Claymation, digital animation, stop motion, etc.
- To learn how data received as a part of the entries to this contest is handled, see the contest's privacy policy: <https://knowyourneuro.wpenginepowered.com/privacy-policy>. If your child is selected as a finalist or winner, consent will be sought so we can share their name, school, city, and photo.
- Please place a check mark in the relevant box(es) below, sign and return this form:

STUDENT PARTICIPATION	CHECK BOX
I consent to my child creating a video for KnowYourNeuro.org music video contest.	<input type="checkbox"/>
I consent to my child completing the submission form on the KnowYourNeuro.org website and understand that the form's data will be stored on the website.	<input type="checkbox"/>
I consent to my child uploading the video my child created to the KnowYourNeuro.org website. I understand that the video will be stored on the website.	<input type="checkbox"/>
I understand that I can withdraw my consent to any of the above, at any time. To withdraw my consent, I may send an email to: crystal@drcrystalcollier.com .	<input type="checkbox"/>
I do NOT consent to my child creating a video, completing the Entry Form, or uploading the video they created to the KnowYourNeuro.org website.	<input type="checkbox"/>

Parent/Guardian Signature: _____ Date: _____