



**VSBA**

**Virginia School Boards Association**

Leadership · Advocacy · Support

## **Student Video Contest Participant Release Form**

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Must have one form each for all students participating in the student video contest.**