



Download, complete, and sign this form and send via email to 2020@nei.nih.gov with a link to your unlisted video and signed video release form.

Section 1: Submission Information

Please respond to the following questions by placing a check mark or 'X' in the answer box that corresponds to your response.

<p>You are registering for this Challenge as an</p>	<p><input type="checkbox"/> Team¹ (<i>i.e., on behalf of a group of individuals</i>).</p> <p>Note: If you are registering for this challenge as an <u>individual</u>, please visit the Eye On The Future website to download the <u>individual</u> registration form.</p>
<p>Choose a video submission category Select 1 option</p>	<p><input type="checkbox"/> Category 1: Science in your World</p> <p><input type="checkbox"/> Category 2: Science in Action</p> <p><input type="checkbox"/> Category 3: Science in your Future</p>
<p>Submission Title</p>	
<p>Unlisted YouTube link for submission</p>	
<p>Video Description Write 2-3 sentences describing the goal of the video</p>	
<p>Sources used for video submission List all online or print sources</p>	

¹ To be eligible to win a monetary prize under this Challenge, a Participant registering on behalf of a group of individuals (*i.e., as a TEAM*) must be a citizen or permanent resident of the United States. However, non-U.S. citizens and non-permanent residents can participate as a member of a TEAM that otherwise satisfies the eligibility criteria. Non-U.S. citizens and non-permanent residents are not eligible to win a monetary prize (in whole or in part). Their participation as part of a winning TEAM, if applicable, may be recognized when the results are announced.



Students: How did you hear about this contest?

(Select all that apply)

Influencer Promotion
(e.g., through social media influencers on Instagram, YouTube, TikTok)
Short-Form Video Platform Advertisement *(e.g., Instagram Reels or YouTube Shorts)*
News Article / Media Coverage *(e.g., online article from a news website or magazine)*
Past Contest Award-Winner or Participant
Community Organization or Program *(e.g., Boys & Girls Clubs, YMCAs, after- school programs)*
Educator
School Counselor
Parent / Legal Guardian / Other Family Member or Trusted Adult

NIH Promotion *(e.g., NIH homepage or other NIH Institutes and Centers)*
NEI Social Media Post *(e.g., Facebook, Twitter/X, LinkedIn post)*
Sponsored Social Media Post
NEI Website / Eye Health Connection Newsletter
Flyer
Text Message
Friend
Event *(please specify the event)*

Other *(please specify where you heard about this contest)*



Section 2: Contact Information

If you are registering for this Challenge on behalf of a TEAM, provide the following information about the **TEAM LEADER**. Also, please include your individual contribution to the production of the video (i.e., research, writing, editing, filming, etc.).

Team Leader's Information

First and Last Name			
Email			
Phone Number			
Grade Level		Age	

School Information

School Name			
City		State	
Zip Code		Country	



Please note that the questions below will not impact your submission scoring.

<p>Contribution to team video submission Please be specific about your individual contribution to video submission</p>	
<p>We want to know about you! In 500 words or less, briefly introduce your team, your team's interests, background in science (if any), and why you chose to submit your topic.</p>	
<p>List external support received Please share if an adult (<i>i.e., family member, teacher, scientific mentor, etc.</i>) helped you with your submission and how they supported you.</p>	



Team Member #2's Information

First and Last Name			
Email			
Phone Number			
Grade Level		Age	
School Name			
Contribution to team video submission Please be specific about your individual contribution to video submission			



Team Member #3's Information

First and Last Name			
Email			
Phone Number			
Grade Level		Age	
School Name			
Contribution to team video submission Please be specific about your individual contribution to video submission			



Consent Form

Please read the statement below and complete the following certification. For TEAM LEADERS and MEMBERS who are under the age of 18, a parent or legal guardian must also sign.

For Team Leader

- I have read and understand the [official eligibility criteria, rules, and requirements](#) of the *Eye on the Future Challenge*. I agree that to participate in the Challenge, I must comply with the official eligibility criteria, rules, and requirements and that my participation in this Challenge constitutes my full and unconditional agreement to abide by them.

Team Leader Signature

Print Name

Date

Parent/Legal Guardian
Signature

Print Name

Date

Parent/Legal Guardian Email

Parent/Legal Guardian Phone



For Team Member #2

- I have read and understand the [official eligibility criteria, rules, and requirements](#) of the *Eye on the Future Challenge*. I agree that to participate in the Challenge, I must comply with the official eligibility criteria, rules, and requirements and that my participation in this Challenge constitutes my full and unconditional agreement to abide by them.

Team Member #2 Signature

Print Name

Date

Parent/Legal Guardian
Signature

Print Name

Date

Parent/Legal Guardian Email

Parent/Legal Guardian Phone

For Team Member #3

- I have read and understand the [official eligibility criteria, rules, and requirements](#) of the *Eye on the Future Challenge*. I agree that to participate in the Challenge, I must comply with the official eligibility criteria, rules, and requirements and that my participation in this Challenge constitutes my full and unconditional agreement to abide by them.

Team Member #3 Signature

Print Name

Date

Parent/Legal Guardian
Signature

Print Name

Date

Parent/Legal Guardian Email

Parent/Legal Guardian Phone

Parents/Legal Guardians: How did you hear about this contest?

(Select all that apply)

Your Child / Dependent
Influencer Promotion
*(e.g., through social media
influencers on Instagram,
YouTube, TikTok)*
Short-Form Video Platform
Advertisement *(e.g., Instagram
Reels or YouTube Shorts)*
News Article / Media Coverage
*(e.g., online article from a news
website or magazine)*
Past Contest Award-Winner
or Participant
Student's Community
Organization or Program
*(e.g., Boys & Girls Clubs, YMCAs,
after-school programs)* Student's
Educator
School Counselor

NIH Promotion *(e.g., NIH
homepage or other NIH Institutes
and Centers)*
NEI Social Media Post *(e.g.,
Facebook, Twitter/X,
LinkedIn post)*
Sponsored Social Media Post
NEI Website / Eye Health
Connection Newsletter
Flyer
Text Message
Family Member / Friend /
Colleague
Event *(please specify the event)*

Other *(please specify where you
heard about this contest)*



**Audio/Video/Photography
Authorization to Reproduce Physical Likeness
National Eye Institute
National Institutes of Health**

I hereby grant to the National Eye Institute (NEI), National Institutes of Health (NIH), and its contractors the right to use my picture, audio, and the video submitted as part of the Eye on the Future video contest in print media, on collateral materials, and on any other Communication related devices as part of the Eye on the Future campaign or NEI initiatives. These videos will be part of NEI's eye health education materials and therefore will be in the public domain and available for use by people outside the NEI.

I also grant permission to retouch or manipulate through artwork my likeness in any form whatsoever.

I hereby certify and represent that I have read the foregoing and fully understand the meaning and effect thereof.

Signature of Agreement [Check applicable boxes and sign]

If 18 years or older:

☐

Agreement includes the complete understanding of me and the Photographer/Videographer. No prior statements or representations change what is in this agreement.

Name: _____ Date: _____
(Print or Type)

Signature: _____

If under 18:

☐

I, _____ am the parent or legal guardian of the minor named below. I have read this agreement, and I approve of what it says. This Agreement includes the complete understanding of me and the Photographer/Videographer. No prior statements or representations change what is in this agreement.

Parent or Legal Guardian:

Name: _____ Date: _____
(Print or Type)

Signature: _____

Minor:

Name: _____ Date: _____
(Print or Type)

Signature: _____



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Signature: _____