



Download, complete, and sign this form and send via email to [2020@nei.nih.gov](mailto: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><b>You are registering for this Challenge as an</b></p>	<p><input type="checkbox"/> Individual<sup>1</sup> (<i>i.e., on behalf of myself</i>).</p> <p>Note: If you are registering for this challenge as a <u>team</u>, please visit the <a href="#">Eye on the Future website</a> to download the <u>team</u> registration form.</p>
<p><b>Choose a video submission category:</b></p>	<p><input type="checkbox"/> <b>Category 1:</b> Science in your World</p> <p><input type="checkbox"/> <b>Category 2:</b> Science in Action</p> <p><input type="checkbox"/> <b>Category 3:</b> Science in your Future</p>
<p><b>Submission Title</b></p>	
<p><b>Unlisted YouTube link for submission</b></p>	
<p><b>Video Description</b> Write 2-3 sentences describing the goal of the video</p>	
<p><b>Sources used for video submission</b> List all online or print sources</p>	

<sup>1</sup> To be eligible to win a monetary prize under this Challenge, a Participant registering on behalf of themselves (*i.e., as an INDIVIDUAL*) must be a citizen or permanent resident of the United States. Non-U.S. citizens and non-permanent residents are not eligible to win a monetary prize (in whole or in part).



**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)*

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

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## Section 2: Contact Information

If you are registering for this Challenge as an INDIVIDUAL (*i.e.*, a video on your OWN behalf and NOT on behalf of a TEAM), provide your name and contact information as follows:

### Individual 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><b>We want to know about you!</b></p> <p>In 250 words or less, briefly introduce yourself, your interests, background in science (if any), and why you chose to submit about your topic.</p>	
<p><b>List external support received</b></p> <p>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>	

# Consent Form

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

- 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.

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Signature

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Print Name

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Date

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Parent/Legal Guardian  
Signature

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Print Name

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Date

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Parent/Legal Guardian Email

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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)*

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

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**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: \_\_\_\_\_