

Consent Form

I understand that _____(Maker) is making a video to be entered in the State of New Jersey’s Vaccine Video Contest to encourage members of the public to receive COVID-19 Vaccinations (Video).

I understand that if Maker’s Video is selected by the State as a contest finalist, that Maker’s Video may be widely circulated on social media outlets, such as Facebook, Instagram, YouTube, and TikTok.

Further, I understand that Maker or the State may circulate all or part of Maker’s Video in other traditional media outlets (radio, television, State websites, print) to encourage members of the public to receive COVID-19 Vaccinations.

Based on that understanding, I grant Maker the right to use my name, likeness, photograph, and anything I say in the Video, in connection with the Video. I understand that I will receive no royalty or other monetary compensation from _____ (Maker) or from the State of New Jersey for the use of my name, likeness or anything I say in the video.

Date

Name

(Name of parent of legal guardian if above individual is under the age of 18)

Signature

Signature of parent or legal guardian if under the age of 18