

Hot Shots

Submission Form

Film Title: _____

Creators:

1. Name: _____ **Permanent:** _____
Address _____

E-mail _____

Phone: _____

2. Name: _____ **3. Name:** _____

Permanent: _____ **Permanent:** _____
Address _____ **Address** _____

4. Name: _____ **5. Name:** _____

Permanent: _____ **Permanent:** _____
Address _____ **Address** _____

*Please attach another submission form if your group has more than 5 participants

I hereby certify that the video I have submitted is my own work and follows US copyright laws.

I AGREE that by submitting my project to the Hot Shots Video Competition I give Iowa State University College of Human Sciences exclusive rights to use my work for any exhibition, promotional and publication purposes in any medium. I also understand that judges reserve the right to refrain from awarding prize money if they deem the entries to be unsuitable.

I/We have read and agree to the above terms and conditions:

1. _____ **2.** _____
Signature Date Signature

3. _____ **4.** _____
Signature Date Signature Date

5. _____
Signature Date