



Grady Health System • 80 Jesse Hill Jr. Drive, SE • Box 26066 • Atlanta, GA 30303-3050 • www.georgiapoisoncenter.org **POISON HELP: 1.800.222.1222** • ADMINISTRATION: 404.616.9237 • FAX: 404.616.6657 • EDUCATION: 404.616.9235

VIDEO PSA GUIDELINES

- 1. This contest is open to students in middle school and high school, only. Only one entry per student/group is allowed.
- 2. Video PSA should convey one of the following themes:
 - Children Act Fast ... So Do Poisons
 - Poisonings Span a Lifetime
 - Home Safe Home
 - Medicine Safety
- 3. Video PSA must include reference to the 1-800-222-1222 Poison Help Line and the Georgia Poison Center
- 4. Video PSA should be 30 seconds or shorter (maximum file size of 128MB)
- 5. Video PSA <u>should not include</u> commercial/cartoon characters (examples: Dora the Explorer or SpongeBob Square Pants). State or regional logos or symbols (Mr. Yuk), trademark symbols and company or product names (Clorox, Tylenol, Motrin) are not allowed.
- 6. Foul language, lewd and lascivious gestures, and unsightly gore will disqualify a video from consideration.
- 7. Videos must be original and created by the student(s), not his or her parents, teachers, or other adults.
- 8. Please submit your video to <u>https://www.georgiapoisoncenter.org/education/poison-prevention-poster-</u>video-contest/
- 9. An Entry/Relapse Form must be submitted for each student involved in the video.
- 10. Only 1 student from the winning video will be recognized during the Georgia Poison Center December staff meeting on Tuesday evening, December 11. Please designate this person on your entry from. All students in the winning video will receive an award.

To submit your video PSA contest entries, please do the following:

Upload your video and all Entry/Release Forms to: https://www.georgiapoisoncenter.org/education/poison-prevention-poster-video-contest/

October 26, 2018 by 5:00pm is the deadline for receipt of the posters



Georgia Poison Center



Grady Health System • 80 Jesse Hill Jr. Drive, SE • Box 26066 • Atlanta, GA 30303-3050 • www.georgiapoisoncenter.org POISON HELP: 1.800.222.1222 • ADMINISTRATION: 404.616.9237 • FAX: 404.616.6657 • EDUCATION: 404.616.9235

VIDEO PSA ENTRY/RELEAE FORM

Name: ______

August 2018

Student Information

Age: ______ Grade:

Complete Home Address: _____

Artwork Title: _____

This video is original and was created by me and my group member (please sign): .	_
Designated Student/Teacher to Accept Award (if picked as a winner):	_

Grou	p Mem	hers
uluu	p wem	DEIS.

Teacher Information

Parent or Guardian Information	
Complete School Address:	
Name of School:	
Phone Number:	
Email:	
Name:	

Name:	
Email:	
Phone Number:	

Release

FOR GOOD AND VALUABLE CONSIDERATION herein acknowledged as received, I hereby grant the Georgia Poison Center and the Poison Prevention Week Council the irrevocable and unrestricted right and permission to adapt, reproduce, sell or distribute the Poison Prevention Week winning video PSA, in whole or in part, composite or distorted in character or form, made available through websites, newsletters, educational materials, journal advertisements, PowerPoint presentations or consumer press. I also consent to the use of any printed matter in conjunction therewith. I further consent to the publication of my name, age, school and hometown on the video.

I hereby waive any right that I may have to inspect or approve the finished product or products or the advertising written matter that may be used in connection therewith or the use to which it may be applied. I have read the above authorization, release and agreement prior to its execution and I am fully familiar with the contents thereof. This release shall inure to the benefit of the Georgia Poison Center and the Poison Prevention Week Council, all persons acting under its permission or authority, those for whom the Poison Prevention Week Council is acting and their heirs, legal representatives, successors and assigns. It shall be binding upon me and my heirs, legal representatives, successors and assigns. In addition, participants agree to release their video PSA and understand that it will become the property of the Georgia Poison Center.

I hereby warrant that I am of full age and have every right to contract for the minor in the above regard.

Parent or Guardian Signature: _____

Date:

Please upload this form with your video PSA submission.

Video PSA entries should uploaded to:

https://www.georgiapoisoncenter.org/education/poison-prevention-poster-video-contest/

Video PSA contest entries must be received by October 26, 2018.

Complete video PSA guidelines are available here:

If you have any questions please contact the Georgia Poison Center Education Department at 404-616-9235.