## **SECONDARY SCHOOL STUDENTS**

Student's Name: Individual ent	rant, or team leade	r if this is a team o	entry (plea	ase print in bloo	ck letters)
Student's Home Address					
City	Province	Postal Code	Telepho ( )	one No.	E-mail
Student's Current Grade Level	,,		(Names a		of all team members to be Entry section of the form)
Is this entry part of a class assi No Yes Which semester this entry what is the name of the	ntry was completed	l. □ first OR □ se	econd		
Video Title				Length of sub	mission:
	sion is posted at: (be that the link remains	e specific (no typo s intact until the co	s), and e	nsure the url ta	n) kes the contest judges 13 and that the video can be
School Inform If this is a team entry and stu- purposes of this contest. That		re than one schoo le for the correspo	l, specify anding co	which school which school which school which which school with the school which which school with the school w	vill sponsor the team for the e team's video wins first prize
School Name					
School Address					
City	Province	Postal Code	Tel (	lephone No. )	
Teacher sponsor/School repres	w.	ne)		Email address	3:
Signature of Teacher / School		No			
I have viewed the video submis	ssion. 🛚 Yes 🗀	No			

C	n:	nse	nt	ar	hſ	R	ele	S	Se

- I, the undersigned, have read, understand and agree to abide by the rules governing the contest (as set out in the It's My Job... Contest Rules) and certify that all information contained in this completed entry form is true and accurate. By signing this entry form, I irrevocably grant the contest organizers the right and permission to:
- (1) publicly disclose and use my name, address, likeness, school, age, grade and/or prize information for promotional or other purposes, without compensation; and
- (2) copy, modify, play and use the video submission (the "Video"), accompanying this entry form in whole or in part, without compensation.

The Video has been originally and lawfully created by me or my team and the use, modification, play or reproduction of the Video by the contest organizers will not give rise to any third party claims for infringement or violation of copyright, trademark or any other right of any third party, or to any third party claims including libel, defamation, violation of privacy or contract breach. I have obtained all necessary permissions, consents, licenses, or other approvals of third parties (including, but not limited to, all individuals appearing in the Video and all holders of copyright in any copyrighted music, images or other materials used in the Video) necessary or appropriate for the preparation or use of the Video and such approvals are enclosed. I release the contest organizers from any liability in connection with my participation in this contest, or the preparation or use of my or my team's Video and agree to indemnify the contest organizers for any liability and all reasonable costs arising from any third party action, claim or proceeding commenced against the contest organizers because of the Video.

Student Signature	Αç	ge	Date
Consent of Parent or Guardian (required i	f student signing above i	s a minor, i.e. unde	r 18 years of
age)			
I, the parent or guardian of the above-named	. •	• •	
Video Contest and, by signing below, hereby	voluntarily join in the foreg	going Consent and R	elease.
Signature (must be signed before	Name (Print)		Date
submitting)			
	•		
Personal information collected in order to administer the	e video contest is under the auth	nority of the Occupational	Health and Safety

Personal information collected in order to administer the video contest is under the authority of the Occupational Health and Safety Act and is in compliance with the Freedom of Information and Protection of Privacy Act. Questions regarding the collection, disclosure and use of your personal information may be directed to itsyourjobcontest@gov.ns.ca

## **Team Entry**

## Include information and signatures for each additional member of your team

Student #2				
Student's Name (please print in block letters)				
Student's Address				
			T	
City/Province	Postal Code	Telephone	E-mail	
Signature		Age	Date	
Consent of Parent or Guardian (required	d if student signing	above is a m	inor i e under	18 years of
	a ii staaciit sigiiiiig		mor, ne. anacı	io years or
age)				
I, the parent or guardian of the above-nam	ed minor, agree that	s/he may part	icipate in the It's	Your Job
Video Contest and, by signing below, here			•	
	., , ,			
Signature Must be signed before submittir	ng) Name (Print)		Dat	te
Personal information collected in order to administer	r the video contest is und	er the authority of	the Occupational F	Health and Safety
Act and is in compliance with the Freedom of Inform		-		collection,
disclosure and use of your personal information may	y be directed to <u>itsyourjob</u>	ocontest@gov.ns.	<u>ca</u>	
Student #3				
Student's Name (please print in block letters)				
Student's Address				
City/Province	City/Province	City/Province	City	y/Province
Signature		Age	Da	te
Consent of Parent or Guardian (required if stude	ent signing above is a m	inor, i.e. under 1	8 years of age)	
I, the parent or guardian of the above-named mino	r, agree that s/he may pa Dluntarily join in the forego	•		Contest and, by
Signing below, hereby vo	numanny john in the forego	oning Consent and	Nelease.	
Signature (must be signed before	Name (Print)		Da	te
submitting)	, ,			
3,				
Personal information collected in order to administer the vi	ideo contest is under the aut	hority of the Occurs	ational Health and Saf	ety Act and is in
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	iters)		
Student's Address			
City/Province	Postal Code	Telephone ( )	E-mail
Signature		Age	Date
Consent of Parent or Guardian (re	equired if student signing above	e is a minor, i.e. under 18 yea	ars of age)
I, the parent or guardian of the abo	ove-named minor, agree that s/he pelow, hereby voluntarily join in the		
Signature (must be signed be	efore Name (Print)		Date
submitting)			
compliance with the Freedom of Information may be directed to itsyourice  Student #5  Student's Name (please print in block left)	obcontest@gov.ns.ca	estions regarding the collection, di	sclosure and use of your persor
Student's Address			
	Postal Code		
City /Duny disease	I Postal Code		
Dity/Province	1 33141 3343	Telephone ( )	E-mail
	7 50.6.	Age	E-mail Date
Signature		Age	Date
Signature  Consent of Parent or Guardian (red)  I, the parent or guardian of the abo	equired if student signing above	Age e is a minor, i.e. under 18 yea may participate in the It's Your	Date  ars of age)  T Job Video Contest and, b
Signature  Consent of Parent or Guardian (red)  I, the parent or guardian of the about the signing becomes	equired if student signing above ove-named minor, agree that s/he pelow, hereby voluntarily join in the	Age e is a minor, i.e. under 18 yea may participate in the It's Your e foregoing Consent and Relea	Date  ars of age)  T Job Video Contest and, b
Signature  Consent of Parent or Guardian (really the parent or guardian of the about signing the Signature (must be signed be	equired if student signing above ove-named minor, agree that s/he pelow, hereby voluntarily join in the	Age e is a minor, i.e. under 18 yea may participate in the It's Your e foregoing Consent and Relea	Date  ars of age)  r Job Video Contest and, base.
	equired if student signing above ove-named minor, agree that s/he pelow, hereby voluntarily join in the	Age e is a minor, i.e. under 18 yea may participate in the It's Your e foregoing Consent and Relea	Date  ars of age)  r Job Video Contest and, base.
Signature  Consent of Parent or Guardian (really the parent or guardian of the about signing the Signature (must be signed be	equired if student signing above ove-named minor, agree that s/he pelow, hereby voluntarily join in the efore    Name (Print)	Age e is a minor, i.e. under 18 year may participate in the It's Your e foregoing Consent and Relea	Date  ars of age)  r Job Video Contest and, base.  Date