THE UNIVERSITY OF IOWA DEPARTMENT OF RELIGIOUS STUDIES
“MY ENCOUNTER WITH RELIGION”
Entry Form
Liability Waiver, Release and Warranty Form

Contestant Information:
Full Name (please print legibly): _____________________________ University ID #: __________________
University Email Address: __________________ Phone: __________________ Age: _________
Address (Street/City/Zip): ________________________________________________________________
Video Title (unique name): ___________________________________________________________________
What category best suits your video?  ☐ Religious Studies Classes  ☐ Family  ☐ Campus or Iowa City
What Religious Studies Class does this video pertain to: ___________________________________________
Date video was created: ______________
How did you hear about the contest? __________________________________________________________________________

Video Release
I understand that the University of Iowa is a public entity and that the Department of Religious Studies and
Facebook web pages are public; therefore, by participating in this contest I am participating in a public event.
My image or voice may be included in photographs, videos, or audio recordings that are created as a part of this
contest and as such I understand that they are in the public domain.

I have voluntarily published my video/audio recording on the University of Iowa ICON site. By doing so and by
submitting my entry I understand and accept that:

• The photo/video/audio recording may be released to other media outlets by the University of Iowa.
• Regardless of whether I post my own entry or whether someone else does I understand that once it is
posted to ICON it is in the public domain.
• The University has no control over what others may do with these videos/recordings.
• The photo/video/audio recording is a public document which may be published and accessible
throughout the world to be viewed by third parties not associated with the University and may remain
accessible in perpetuity.

By submitting an entry and participating in the University of Iowa Department of Religious Studies “My
Encounter with Religion” Video Contest:

1. I understand and accept the rules of the contest and the terms stated above and agree to hold
harmless, and do hereby waive and release The University of Iowa; Board of Regents, The Department
of Religious Studies, State of Iowa; and the State of Iowa and each of their respective employees,
agents and representatives from all liability or claims associated with my participation in this contest; and
2. I represent and warrant that all materials and depictions in my submission is my original work, and that no third party has any valid legal claim to any of it; and I agree to hold harmless the University of Iowa Board of Regents, the Department of Religious Studies, the State of Iowa, Contest Officials, and each of their respective employees, agents and representatives from all liability or claims that a third party has or may claim to have to such legal rights.

Contestant Signature: ______________________________ Date ____________________

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If Contestant is under the age of 18 Entry Form must be signed by parent or legal guardian.

I have read and understand the contest rules and the above release terms. By signing below and/or submitting my child’s video I certify that: I am the parent or legal guardian of the contestant named on this registration form; I understand and accept the risks associated with my child’s participation in this contest; and I understand and agree to all of the above terms. I hereby expressly waive any rights of action I may have and release the University of Iowa Board of Regents, the Department of Religious Studies, the State of Iowa, Contest Officials, and each of their respective employees, agents and representatives from all liability or claims that a third party has or may claim to have to such legal rights from any and all liability arising out of or in connection with the my child’s participation in this contest and use of my child’s voice, name and/or likeness, including, but not limited to, any claims for any violation of any personal or proprietary right. By signing below I am granting permission for my child to participate in this contest.

Parent/Guardian Full Name: (print legibly): ________________________________

Parent /Guardian Email: ___________________________ Phone: _______________________

Parent/Guardian Signature ___________________________ Date _______________________

Continue to next page if additional Liability Form is needed.
Additional Video Participant:

I have voluntarily participated and/or appear in the video entry referenced above. I have read and understand the contest rules and the video release terms stated above. By signing below, I grant permission for the contestant listed above to include the audio/video recording of me in his/her submission. I agree to all of the above terms and agree to release the State of Iowa Board of Regents, State of Iowa; The University of Iowa, The Department of Religious Studies, Contest Officials, and their employees and agents from any and all liability arising out of or in connection with my participation.

Video Participant Name (print legibly): ____________________________________________

Video Participant Signature _________________________________ Date_________________

If any participant listed above is under the age of 18 parent/guardian signature is required.

I have read and understand the contest rules and the above release terms. By signing below I certify that: I am the parent or legal guardian of the participant named above. I understand and accept the risks associated with my child’s participation in this video and I understand and agree to all of the above terms. I hereby expressly waive any rights of action I may have and University of Iowa Board of Regents, the Department of Religious Studies, the State of Iowa, Contest Officials, and each of their respective employees, agents and representatives from all liability or claims that a third party has or may claim to have to such legal rights from any and all liability arising out of or in connection with the my child’s participation in this contest and use of my child’s voice, name and/or likeness, including, but not limited to, any claims for any violation of any personal or proprietary right. By signing below I am granting permission for my child to participate in this contest.

Parent/Guardian Full Name: (print legibly): ________________________________

Parent /Guardian Email: ______________________________ Phone: ___________________

Parent/Guardian Signature ____________________________ Date __________________

Note: If there are multiple participants print multiple copies and submit this form for each person appearing in the video.