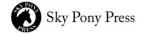


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## HEAL THE EARTH CLASSROOM CONTEST

School Information (name, address):		
School District:		
School Type (circle one):		
Elementary School	Middle School	High School
Contact Information (provide campus staff member in charg Name: Title: Phone: Email		ion for the teacher or
Please check all below:		
No copyrighted content (ima am submitting. (If you have please e-mail studentvideo@t	permission to use co	pyrighted elements
I understand that Sky Pony I Publishing, Inc, has the right and display the video for any notification, consent or com	t to use, reproduce, organizational purp	reprint, distribute, pose, without









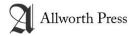


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I confirm that campus principal has approved of the video being submitted.
All participating students, or their parents/guardians, have signed
releases, which have been submitted with this entry form. A release is required from each person who has a speaking role or is otherwise distinctly featured in the video, as well as those involved in the production of the video. This authorization assures that those involved know that the video may be shown publicly without further consent required. The releases must be scanned and emailed along with the submission form and video. It must be signed by the participants, and if the participant/student is a minor, it must be signed by the student's parent/guardian. The campus submitting the video may use its district's standard release form for this purpose. Please be sure the release covers Internet usage.
Name (print):
Signed:
Dated:











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