

2024 Entry Form Student Ethics Video Contest

Please review the 2024 Student Ethics Video Contest rules before completing this form. The Contest is open to all current ADA student and ASDA members. All sections of the entry form must be completed or video will be disqualified. **EACH ENTRANT MUST SIGN ENTRY FORM. ALL ENTRY FORMS AND ACTOR RELEASE FORMS MUST ACCOMPANY THE VIDEO.**

Title of Video Entry: _____

Identify the ADA Ethical Principle(s), Code(s) or Advisory Opinion(s) portrayed: _____

Entrant's Name: _____
 Residence Address: _____
 City, State, Zip: _____
 Daytime Telephone: _____
 Email Address: _____
 ADA/ASDA Member No.: _____
 Dental School Name: _____

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The American Dental Association ("ADA"), Student Professionalism & Ethics Association in Dentistry ("SPEA") (jointly, "Sponsor") and the undersigned ("Entrant") agree as follows:

1. If videos are jointly produced, each producer must execute this official entry form.
2. In consideration of the ADA's accepting, reviewing, and judging Entrant's video, and other good and valuable consideration, each undersigned Entrant, jointly with any other co-entrants (if applicable), hereby assigns to the ADA all copyright in and to the video entry identified above and submitted with this entry form, including but not limited to the right to edit, perform, publish, republish, transmit, distribute and to otherwise use such video entry and the material contained therein and in any derivative works throughout the world, in all languages and in all media now known or later developed and to license or permit others to do so. Entrant understands and agrees that ADA may publish and distribute the video entry under its own or any other name.
3. Entrant warrants that the submitted video entry (a) is original (except for material in the public domain), (b) does not contain any libelous or otherwise unlawful material, and (c) does not infringe any copyright, trademark right, right of publicity, or any other personal or proprietary right of any person or entity; documentation granting permission to use such material must be included with entry.
4. Entrant warrants that each person appearing in the video ("Actor") has signed an Actor Release Form (attached) and those forms accompany the entry.
5. The Sponsor reserves the right to choose [or not choose] grand prize winners and honorable mention prize winners depending on the quality of the submissions.
6. The terms and conditions of this entry form will remain in effect whether or not it is decided to use the entry video or award it a prize.
7. Entrant warrants that they are in compliance with all terms and conditions of this entry form and with the official rules of this contest, a copy of which are attached and incorporated by reference into this entry form.
8. The Entrant confirms their acceptance of the terms of this agreement and all of the foregoing by signing below and returning this entry form to the Council on Ethics, Bylaws and Judicial Affairs, c/o Daniel Franklin, Manager, CEBJA Operations, American Dental Association, 211 East Chicago Avenue, Chicago, Illinois, 60611, together with the video entry in compliance with the official rules and any applicable actor releases.

Entrant Signature _____	Date _____	Entrant Signature _____	Date _____
Entrant Signature _____	Date _____	Entrant Signature _____	Date _____
Entrant Signature _____	Date _____	Entrant Signature _____	Date _____

Sponsored by the ADA Council on Ethics, Bylaws and Judicial Affairs and the Student Professionalism & Ethics Association in Dentistry



2024 Actor Release Form Student Ethics Video Contest

THIS FORM MAY BE COPIED. FORM MUST BE SIGNED BY EACH ACTOR IN THE VIDEO ENTRY.

Name: _____ Daytime Telephone: _____
Residence Address: _____ Email Address: _____
City, State, Zip: _____ Title of Video: _____
Age*: _____

I, the undersigned, do hereby grant permission to the American Dental Association (“ADA”), the Student Professionalism & Ethics Association of Dentistry (“SPEA”), (jointly “the Sponsor”) and any other person authorized by ADA, use of and rights associated with the use of my voice and likeness in the above-identified video, for any and all unrestricted performance, advertising, marketing, promotional, educational or any other purposes of a like or different nature in any manner or media now or hereafter known without compensation.

Signature*: _____ Date Signed: _____

*Note: If under the age of 18, a parent or legal guardian must complete the sections above and sign this release form on behalf of the minor child on the lines below:

Parent or Guardian’s Signature*: _____ Date Signed: _____

Parent or Guardian Printed Name: _____

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ADA American Dental Association®
America's leading advocate for oral health



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