

**Molecular View of Diabetes
 Treatment and Management:**
 A Video Challenge for High School Students

Actor Release Form

One copy of this document must be submitted for each actor (including voice actors) appearing in the video named below, with Team Leader and appropriate Actor sections completed.

Entry Information:

Video Title: _____

School Name: _____

Actor (for actors age 18 and up as of June 1, 2017):

Actor's Name: _____

Email: _____ Date of Birth: _____

I, (please print) _____ understand that an original video has been created that includes image and/or voice of the minor listed above and it's intended for submission to the 2017 Video Challenge for High School Students *Molecular View of Diabetes Treatment and Management*. I grant my full permission and authority to the contest organizer, Research Collaboratory for Structural Bioinformatics Protein Data Bank (RCSB PDB) to use the material for educational, promotional, or other purposes that support the mission of the RCSB Protein Data Bank. I understand that the video will not be used to generate a profit or for any other commercial purposes. I recognize that there is no form of compensation.

Actor's Signature: _____ Date: _____

Actor (for actors under age 18 as of June 1, 2017):

Actor's Name: _____

Email: _____ Date of Birth: _____

Parent/Guardian:

I, (please print) _____ understand that an original video has been created that includes image and/or voice of the minor listed above and it's intended for submission to the 2017 Video Challenge for High School Students *Molecular View of Diabetes Treatment and Management*. I grant my full permission and authority to the contest organizer, Research Collaboratory for Structural Bioinformatics Protein Data Bank (RCSB PDB) to use the material for educational, promotional, or other purposes that support the mission of the RCSB Protein Data Bank. I understand that the video will not be used to generate a profit or for any other commercial purposes. I recognize that there is no form of compensation.

Parent/Guardian Signature: _____ Date: _____