

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

Parent Permission Form

**One fully completed copy of this document
must be submitted for each team member**

Team Member:

Name: _____

Email: _____

School Name: _____

Video Title: _____

Parent/Guardian:

I, (please print) _____ grant my full permission for the team member named above to submit an original video to the 2017 Video Challenge for High School Students *Molecular View of Diabetes Treatment and Management*.

I grant my consent to the contest organizer, the Research Collaboratory for Structural Bioinformatics Protein Data Bank (RCSB PDB) to use the video material for educational, promotional, or other purposes that support the mission of the RCSB PDB. I understand that the video will not be used to generate a profit or for any other commercial purposes.

I understand that the video might contain images and/or voice of the team member named above, and I grant my consent to the RCSB PDB to use the material for the purposes listed above, and I recognize that there is no form of compensation.

Parent/Guardian Signature:

Date: