

San Jose Public Library
Winter Storytelling Contests Entry Form: Short Story and/or Comic Submission

Creator's Name: _____ Age: _____ (Check here if 18 years or older ___)

Email: _____ Phone #: _____

San Jose Public Library Branch: _____

Title of Short Story Submission: _____

AND/OR

Title of Comic Submission: _____

Photo / Creative Works Release Form

PERMISSION TO REPRODUCE CREATIVE WORKS AND TO PHOTOGRAPH OR RECORD VIDEO AND/OR AUDIO

I _____ am 18 years or older.
(Name, please print)

I _____ am the parent or legal guardian of _____.
(Name, please print) (Name, Age)

I give my permission for the City and the University to reproduce creative works resulting from my (or my child's) participation in the Winter Storytelling Contests (Comic and/or Short Story Submission). I understand that the purpose is to promote the City of San José (and/or San José State University) and its services/programs. I give my permission with the following understanding: **No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) creative works.** Permission is not required to take part in City or University programs.

I understand that the City of San José or San José State University may record via photo, video and/or audio the events or activity in which I am (or my child is) participating. I give my permission for the City and the University to use photographs, audio, and/or video of me (or my child) for the purpose of promoting the City of San José (and/or San José State University) and its services/programs. I give my permission with the following understanding: **No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness or audio contributions.** Permission is not required to take part in City or University events.

Signature Date

Address

City Zip

Reproduction Release.doc (02/05)

