



First Name Last Name
City/Zip Email
Grade (Circle one) K 1 2 3 4 5 6 7 8 9 10 11 12 Gender F M
Home Phone ()
School Name
Teacher/Advisor (or, who told you about this project)
Teacher/Advisor Email
School Address
School Phone ()
Title of Entry 1)
Title of Entry 2)
Title of Entry 3)

Please check complete contest rules at www.distco.org/rules.html for more information on preferred video output specifications and other requirements. Please email distco@ssttx.org for any questions.

PERMISSION

By entering the DISTCO 2009 Digital Storytelling Contest, I give permission for DISTCO 2009, to:
• use this digital story ("the work") , including (but not limited to) display, promotion, reproduction and distribution in all media and the right to create, perform, display and distribute derivative works;
• to edit the work; and
• to use my name, likeness and biographical material in connection with the work. I hereby certify and warrant that the information listed above is correct and that the work I am submitting is my original work and that granting DISTCO 2009 permission to use it, does not infringe upon or violate the rights of any third party.

I release DISTCO 2009, its officers, directors, employees, sponsors, licensees and successors from any liability or claimed liability in connection with this Contest submission.

I acknowledge that I have read this consent and release prior to signing it and that I understand its contents.

CONSENT TO PARTICIPATE IN RESEARCH

DISTCO 2009 contributes to current research on Educational Uses of Digital Storytelling in K-12 education. Contest participants are asked to fill out an online survey before they submit their stories to www.distco.org. Interested participants and their teachers will be contacted for interviews after the competition. The data collected from the surveys and the interviews will be used for research purposes. The results of the research will be published and shared in SITE 2009 conference. Results also will be available through the official website of DISTCO (www.distco.org). Your student's identity will be held in confidence and secret. Every effort will be made to keep the confidentiality and privacy of your student's participation in this project.

Signature of Entrant Date

Parental/Guardian Consent: I represent that I am a parent or legal guardian of the minor who has signed above and I hereby agree that we will both be bound thereby.

Signature of Parent/Legal Guardian Date
(Necessary if entrant is under 18 years)

Printed Name

Address, if different than above

City/State/Zip

() Phone

HOW TO SUBMIT THIS FORM:
Fax it to 210-822-3422 or
Email scanned form to distco@ssttx.org