**Asthma 411 Breathe with Ease PSA Challenge**

**Consent Form**

(Must be signed by ALL contestants or parent/legal guardian, if contestant is under 18)

I understand that it is the contestant’s responsibility to secure all necessary technical resources for this contest I understand that it is the contestant’s responsibility to pre-test videos for proper functioning. Any video that is unable to play properly will be disqualified. I further agree that all video entries will become property of Asthma 411 and UNTHSC. I have read and understand the contest rules and guidelines and agree to all terms within.

**Contestants under Age 18**

I am the custodial parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (contestant’s name). I give my consent for my son/daughter to participate in the Asthma 411 Breathe with Ease PSA Challenge.

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Print Parent/Legal Guardian Name Signature Date

OR

**Contestant Age 18**

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Contestant Name Signature Date