



Video Release Form

I/We, _____, the parent/parents and/or legal guardians of _____ allow the 5p- Society to distribute the video herein submitted for use in its 2020 *Change the World by Being You* Awareness Week events.

I/we are aware that our submitted video may be shared by others as it will be made public on the 5p- Society's social media outlets.

Parent's signature (one signature required) _____
Date

The following individuals are also included in the video and have signed below as their release to the 5p- Society.

Name _____
Signature

Name _____
Signature

Name _____
Signature