**IHTC 2020 Sickle Cell-Abration**

**MY Journey Our Drive**

**Sickle Cell Video Contest:**

**Official Rules, Guidelines and Entry Form**

***Please read the entire Rules and Guidelines prior to registering and submitting an entry***

**Purpose: To increase understanding of Sickle Cell Disease (SCD) through a personal video production.**

**Three Prizes**

First place: $100 gift card

Second Place: $50 gift card

Third Place: $25 gift card

**(Entries may be shown at Sickle-Cell-Abration, appear on the websites and various social media platforms of Sickle Cell-Abration, IHTC, ISCC and the Martin Center)**

**Eligibility:**

* Indiana resident with sickle cell disease, or family members of persons with sickle cell disease
* Participants under age 18 must have written permission from their parent or guardian.

**Submission Criteria:**

* Create a video about sickle cell disease and tell your story.
* Ideas:
  + Relate your story to the theme “My Journey, Our Drive”
  + Tell your sickle cell story
  + Encourage people to donate blood or register for Be The Match
* Videos

1. Can be any style: fiction, documentary, animated or live action.
2. All entry forms and videos can be submitted to:
   1. <https://www.dropbox.com/request/2phuQmfHAGRQ3JQU6huX>
3. Video must not contain any profanity (curse words or inappropriate language), obscene clothing, obscene acts, obscene gestures, or illegal actions.
4. Videos should not promote or includes opinions on any particular political party or politician.
5. Must be in English or have English subtitles.
6. **Video must be equal to or less than 3 minutes in length**.
7. Videos will not be considered if they do not meet the above requirements or are not received before the deadline.

**Deadlines:**

* September 25th by 11:59pm – Entry forms and Videos

**Additional Information**

* Please ensure that you feel comfortable with the content of your video being sharing broadly on social media and websites.

**Frequently Asked Questions (FAQs)**

* **How do I submit my video via social media?** You will click the link below to submit your video<https://www.dropbox.com/request/4Kkz6b78jutd3t777798>
* **How will the videos be judged?** Entries will be judged based on their creativity, ability to inspire, message content, accuracy of information, and points for ‘likes’ on social media! Judges are health care professionals, community advocates and individuals living with Sickle Cell Disease.

* **How will the winners be announced?** Winners will be notified via telephone and email (contact information provided with contest registration) on September 30th. Winning entries will also be posted the social media sites listed above.

* **How do I know my video was received?** You will get an email when your entry is received.
* **Can participants use other people's material?** No. All material must be original.
* **Does it cost anything to enter?** There is no charge for registration and submitting an entry.
* **Can I submit more than one entry?** No. Only one entry per sickle cell patient or family member will be accepted.
* **Can entries be disqualified?** Entries will be disqualified if:
  + they contain vulgar or inappropriate content;
  + are not turned in with all proper paperwork;
  + are received later than the specified due date;
  + they use copyrighted material without written proof of permission.

* **Can others assist in production?** Yes. Parents, siblings, family members, etc.
* **Whom do I contact if I have problems submitting my video?** You can contact the event contest chair 317-871-0011 ext. 366, or khampton@ihtc.org

**For problems, questions and more information, contact Kisha Hampton, Sickle Cell-Abration Event Contest Chair, at 317-871-0011 ext. 366, 317-358-5919 or khampton@ihtc.org**

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**Entry Form**

**ALL ENTRIES MUST BE SUBMITTED BY 11:59 PM ON SEPTEMBEMR 25th, 2020**

Contestant Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the contestant a: \_\_\_ Patient \_\_\_ Parent/Family member

Contestant Age(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Indiana Zip code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Contestant (if over 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contestants under 18: I the parent/guardians of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ gives permission for them to participate in the Sickle Cell Abration 2020 Sickle Cell Video Contest.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Video: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Video: Minutes/Seconds: \_\_\_\_\_\_\_\_\_\_

**Internal use only:**

Submission date: \_\_\_\_\_\_\_\_\_

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**Sickle Cell Video Contest:**

**Contest Waiver Form**

**What is the purpose of this form?** The purpose of this form to give IHTC the right to use broadcast or display your video entry.

**What am I releasing by signing this form?** By signing this form, you understand that you are releasing IHTC from any legal claims arising out of the use of your video, including the disclosure of personal information included in your video.

Contestant Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Video: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form, I the undersigned and hereby give my full and complete permission for IHTC to use, broadcast or display my video.

Signature of Contestant/Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_