

SORRELS LAW FIRM'S SAFE DRIVING VIDEO CONTEST – ONLINE ENTRY FORM

NAME(S) AND AGE OF PRIMARY ENTRANT: _____

ADDITIONAL STUDENTS (Names and Age) ON TEAM: _____

SCHOOL: _____

PHONE: _____ EMAIL: _____

Print the following and have all participants sign and date.

By signing below, you agree you are willing participants in this project and consent to your likeness being presented in the winning videos to being shown on the website of injuredinseattle.com. By signing below you confirm that no copyrighted images or music is in your video submission. If you are under the age of 18, a parent or guardian must also sign.

1. Primary Submitter: _____

Printed Name Signature Date

Parent/Guardian: _____

Printed Name Signature Date

2. Team Member: _____

Printed Name Signature Date

Parent/Guardian: _____

Printed Name Signature Date

3. Team Member: _____

Printed Name Signature Date

Parent/Guardian: _____

Printed Name Signature Date

4. Team Member: _____

Printed Name Signature Date

Parent/Guardian: _____

Printed Name Signature Date

5. Team Member: _____

Printed Name Signature Date

Parent/Guardian: _____

Printed Name Signature Date

SUBMIT THIS COMPLETED FORM ALONG WITH YOUR VIDEO TO:

THE LAW OFFICES OF JAMES S. SORRELS
23607 HIGHWAY 99, SUITE 3A
EDMONDS, WASHINGTON 98026

**YOU MAY DROP YOUR ENTRY
AT THE FIRM – BE SURE IT IS
RECEIVED BY 5:00 PM ON
FRIDAY, JUNE 12, 2015**
