

9<sup>th</sup> Annual University of Florida  
World Diabetes Day “Blue Circle” Photo Contest  
Sponsored by the UF Diabetes Institute



world diabetes day  
14 November

People with diabetes, families, friends, healthcare professionals, educators, advocates: This is your chance to be creative and promote diabetes awareness. Blue circles are the global symbol associated with diabetes. We’re challenging you to take a photo that has one or more blue circles in it, and become a diabetes advocate. You can include a blue circle by making it, painting it, posing next to it, or any other way you can imagine. Photos of individuals or groups are welcome.

The contest is open November 1, 2016, to November 30, 2016. Winners will be announced on December 1, and prizes will be awarded to first, second and third places.

**ENTRY FORM**

Please print all information:

Entrant Name:	Parent/Guardian Name (if under 18):	Date:
Street Address:	City, State, ZIP	Email:
Home Phone Number:	Cell Phone #:	Entrant Age:

I, the undersigned, do hereby grant permission to the University of Florida Diabetes Institute to the non-exclusive use of, and rights associated with the use of the photographic likeness and caption, provided by me (below), in promotional publications, and other media, regardless of the format, without compensation. I confirm I own all rights to the enclosed photograph and agree to the use and publication of the photograph submitted with this entry without payment or compensation to myself or any of the subjects of the submitted photograph.

Signature of Entrant (if over 18), or Parent/Guardian (if under 18):

Date:

Caption:

Make sure to include: photo, entry form, consent and release form for each person in the photo. Entries should be sent to [uf-diabetes@ufl.edu](mailto:uf-diabetes@ufl.edu) OR PO Box 100275, Gainesville, FL 32610.

Only one person per person, entrant or family. All persons pictured in the photo submission must complete the consent and release form.



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**PHOTO/VIDEO CONSENT RELEASE FORM**

Please print all information:

Name of Subject (Person in Photo):

1. I hereby authorize and grant permission to the University of Florida Diabetes Institute and its officers, employees, agents and personnel acting on its behalf (“Releasees”) to take photos and/or videos of me or my child and to use such photos and/or videos in any form of publication, present or future, including without limitation, print, electronic, and Internet form, with or without associating me or my child’s name hereto.
2. I hereby grant the Releasees the non-exclusive use of, and rights associated with the use of photographic likeness and caption, provided by me or my child in promotional publications, and other media, regardless of format, without compensation, and without prior approval or viewing of the finished product. I hereby grant Releasees permission to edit, crop, retouch or otherwise alter such photos and videos at their discretion.
3. I hereby release and hold harmless Releasees from any and all claims for damages I may have (including without limitation, claims for compensation, royalties, invasion of privacy, misappropriation, or defamation) arising out of the use, production, distribution, publication or exhibition of the photos and videos and covenant not to use Releasees for such use or publication.
4. This consent is freely and voluntarily given.

**I have read and understand this Photo/Video Consent and Release Form Consent and agree to be bound by it.**

Signature of subject (if subject over 18)
Date

Signature
Printed name of parent/guardian (if subject under 18)
Date