GOVERNOR'S DIVERSITY DAY VIDEO PROJECT

GUIDELINES

Topic: **The Importance of Diversity**

Be CREATIVE in your video expression of the meaning of diversity and its importance to our society. (Students are not limited to live-action video: animation, clay-mation and other forms of video media will be accepted!)

Length: 3 – 5 minutes

Format: Video: full-quality, full-frame (720X480 pixels) QuickTime or WMV submitted via CD or full quality DVD. No compressed or small-frame digital videos. The disk must be clearly labeled with the video title, submitting group, faculty advisor and school district.

Participants: A video can be entered into this contest by a student, a group of students, a classroom or a student organization. All entries must include the contact information of a faculty advisor.

Forms (attached): - Entry Form
- Release forms for everyone appearing in the video
- Compliance Statement

Deadline: **All videos must be post marked NOT LATER THAN Friday, March 6, 2009**

Judging Criteria: 1.)

1.) **Clarity of Message** (25 points)
- Is the message of the video clear?
- Does the video present a theme or argument?
- Would anyone be able to see this video and get the message?

2.) **Creativity** (25 points)
- Does the video present information in a new, unique way?

3.) **Impact Potential** (25 points)
- Does the video demonstrate an in depth discussion on the meaning of diversity by the participating students?
- Does the video teach viewers something new?
- Does the video shed new light on the importance of diversity that would benefit viewers of the participants' age group?
- Would an educator show this video to students to demonstrate the importance of diversity?

4.) **Provides Solutions** (25 points)
- Does the video present a strategy for valuing diversity within the students' school and/or community?
- Or does the video identify a local diversity need and provide a remedy?

NOTE: Once submitted, the video becomes the property of the Office of Diversity & Equality and will not be returned to participants.

For more information please contact:

Clinton Morris
Office of Diversity & Equality, Personnel Cabinet
501 High Street, 1st Floor
Frankfort, KY 40601
(502) 564-8000
Clinton.Morris@ky.gov

ENTRY FORM
GOVERNOR'S DIVERSITY DAY VIDEO PROJECT

Title: _____

Length: _____

Format: _____

Entry Level: ☐ Elementary ☐ Middle School ☐ High School

Description:

_____

_____

_____

_____

Student(s), Classroom or Organization:

_____

_____

_____

Faculty Advisor: _____

School: _____

Address: _____

_____

School District: _____

_____ _____
Faculty Signature Date

Please include this form with the video entry and mail to:

Clinton Morris
Office of Diversity & Equality
Personnel Cabinet
501 High Street, 1st Floor
Frankfort, KY 40601

VIDEO RELEASE FORM
GOVERNOR'S DIVERSITY DAY VIDEO PROJECT

Please submit one form per person whose image appears anywhere in the video.

I understand that _____ (faculty advisor's name) has submitted an original video in which the images of me or my child appears. In some cases, these images may be accompanied by verbal statements made by me, my child or others. I understand that this video has been submitted as part of the Governor's Diversity Day Video Project. I grant full permission and authority to the Office of Diversity & Equality, the Personnel Cabinet and the Commonwealth of Kentucky to use, publish and display my or my child's image and/or statements contained in the video along with identifying information including name, school and school district.

I recognize that there will be no compensation in any way.

If I have supplied photographs or video clips in connection with this video project, I warrant that I am the owner of the copyright interests in these images. For any images I have provided of a minor child, I certify that I am the child's parent or legal guardian. By signing this form, I certify that I am legally authorized to grant the permissions and waivers as stated.

_____	_____	_____
Student's Name (please print)	Signature	Date
_____	_____	_____
Guardian's Name	Signature	Date

AFFIRMATION OF ELIGIBILITY, RIGHTS TO SUBMISSION, RELEASES AND COMPLIANCE STATEMENT

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One copy *of this document must accompany an entry,* ***read and signed by the faculty advisor responsible for its submission****. Be sure to read and abide by all contest rules.*

By signing this document, you affirm the following:

- I do hereby declare that I have read and understood all contest rules and agree to abide by those rules.
- I do hereby declare that I have full authority to enter this project into this contest, and that the project is either original and/or owned by me or my educational institution, and/or that I have obtained the necessary releases or permissions to enter the project. I further declare that I own or control the rights and/or permissions to use the image(s) of any identifiable person(s), including teachers, students, or others appearing in the project. I agree that I shall submit a written copy of any release, license, or permission that I have received from a third party. I understand that in the event my submission is selected as a winning entry by the judges, and the rights and/or the originality of my entry cannot be verified to the satisfaction of the contest judges, or my entry is in any other way ineligible, the judges may select an alternate winner based on the same judging criteria.
- I herby grant the **Office of Diversity & Equality, the Personnel Cabinet and the Commonwealth of Kentucky** and its agents and assignees full permission and authority to use, publish, and display my project, statements, quotations, testimonials, photographs, designs, and/or any other materials provided by me as part of my entry in the contest, as well as my name, photograph, likeness, and the name of my school and district, without additional compensation, for the purpose of promoting this contest.
- I understand that entries will not be returned. I hereby release the Office of Diversity & Equality, the Personnel Cabinet, the Commonwealth of Kentucky, their agents, employees, licensees and assignees from any claim that I may have, now or in the future, relating to this project.

Faculty Advisor's Signature: _____

Faculty Advisor's Name (print): _____

Project Title: _____

School/District Name: _____

School Administrator: _____

Date: _____