**I Strengthen My Nation:**

**American Indian and Alaska Native Community Projects Created by Youth to Stand Against Substance Misuse**

Individual Entry Form

**Important Dates:**

Submission Start: April 8th, 2021 12:00 AM ET

Submission End: July 7th, 2021 11:59 PM ET (Round One) and December 10th, 2021 11:59 PM ET (Round Two)

Winners Announced: July 30th, 2021 (Round One) and January 31st, 2022 (Round Two)

|  |  |
| --- | --- |
| **Group Name:** |  |

**Group Member Contact Information:**

|  |  |
| --- | --- |
| First and Last Name |  |
| Address |  |
| City/State/Zip |  |
| Phone |  |
| Email |  |
| Date of Birth |  |
| Tribal Affiliation (if applicable and willing to share) |  |
| **If group member is under 18 years old at the time of submission:**   |  |  | | --- | --- | | Parent/Guardian Name |  | | Address |  | | City/State/Zip |  | | Phone |  | | Email |  | | |

**Release and Waiver:**

I hereby grant the National Institute on Drug Abuse (NIDA) and its collaborator (the Northwest Portland Area Indian Health Board) permission to use, reproduce and publicly post, display and distribute my first name, last initial, hometown, tribal affiliation (if applicable and willing to share) as well as all information contained in my contest submission for promotional purposes in any print or online media worldwide, without further payment or consideration.

I acknowledge that upon entry, the National Institute on Drug Abuse (NIDA) has an irrevocable, paid-up, royalty-free nonexclusive worldwide license to use, reproduce, share, etc., my submission and submission materials will not be returned.

I hereby grant the National Institute on Drug Abuse (NIDA) and its collaborator (the Northwest Portland Area Indian Health Board) permission to broadcast, display, and distribute my video and proposal on its website and social media accounts.

I have completely read the full official Rules of this contest, and I understand and agree to abide by those rules. (see [rules and requirements](https://www.drugabuse.gov/research/nida-research-programs-activities/nida-challenges-program/strengthen_my_nation/community_projects/rules-regulations))

\*Parent/Legal Guardians only: I hereby grant full permission for my child to participate in this contest.

**Group Member**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

**Parent/Legal Guardian (if group member is under 18 years old at the time of submission)**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |