

IANA STUDENT VIDEO CONTEST – SUBMISSION FORM

1. Participant Information

Full Name: _____
Preferred Name (optional): _____
Email Address: _____
Phone Number: _____
Nurse Anesthesia Program: _____
Program City/State: _____
Expected Graduation Date (MM/YYYY): _____

2. Eligibility Confirmation

Please confirm the following (all required):

- ☐ I am currently enrolled in an accredited Illinois nurse anesthesia program.
☐ I am an IANA member in good standing.

Uploads (required):

- ☐ Proof of Enrollment (letter from program, current transcript, or enrollment verification)
☐ Proof of IANA Membership (membership card, confirmation email, or screenshot)

3. Video Submission

Video Title: _____
Total Runtime (in seconds): _____ (must be between 60–90 seconds)

Video File Type (check one):

- ☐ MP4
☐ MOV

(Accepted file types: MP4, MOV. Landscape orientation only.)

If file size is too large to upload directly, provide a secure link (e.g., Vimeo, YouTube unlisted, or cloud drive link):

Video Link (if applicable): _____

Technical Requirements (check all that apply):

- ☐ Video is 60–90 seconds in length.
☐ Video is in landscape orientation.
☐ Audio is clear and understandable.
☐ Video image is clear and well lit.
☐ Content is original, accurate, and maintains a professional tone.
☐ Video includes IANA branding and/or clear IANA-focused messaging.

4. Concept Description (100–200 Words)

Briefly describe the concept of your video, the intended audience, and how it supports nurse anesthesia education and/or advocacy. (100–200 words)

5. Signed Media Release

A signed media release is required for all submissions. This includes permission for IANA to use, edit, and distribute the video for promotional, educational, and advocacy purposes across print, digital, and social media platforms.

☐ I have attached a signed media release form for myself.

☐ All individuals appearing in the video have provided consent, and signed releases are on file if requested.

☐ Media Release file attached.

6. Judging Criteria (For Participant Reference)

Submissions will be evaluated based on the following weighted criteria:

- **Creativity & Engagement – 30%**

Original concept, engaging delivery, and ability to capture attention.

- **Professionalism & Clarity – 30%**

Professional tone, clear messaging, appropriate language and visuals.

- **Educational Impact & Advocacy – 30%**

Strength of educational content, accuracy, and advocacy for the nurse anesthesia profession and/or IANA.

- **Technical Quality – 10%**

Audio clarity, video resolution, stability, and overall production quality.

7. Certification & Signature

By submitting this form, I certify that:

- The video is my original work and does not infringe on any copyrights or intellectual property.
- All information provided is true and accurate to the best of my knowledge.
- I have obtained consent from any individuals appearing in the video.
- I grant IANA permission to use my video and name for promotional and educational purposes in accordance with the media release.

Printed Name: _____

Signature (electronic or handwritten): _____

Date (MM/DD/YYYY): ____ / ____ / _____

IANA VIDEO MEDIA RELEASE FORM

Project / Video Title: _____

Participant Name (Releasor): _____

Email Address: _____

Phone Number: _____

Nurse Anesthesia Program: _____

I hereby grant the Illinois Association of Nurse Anesthetists (IANA), its officers, directors, employees, agents, representatives, and assignees (collectively, "IANA") the irrevocable right to record, use, reproduce, edit, modify, distribute, display, and broadcast my video submission, likeness, image, voice, and/or statements contained in the submitted video (the "Media") in any current or future media format, including but not limited to websites, social media, print materials, presentations, and promotional or educational content.

I understand and agree that:

- The Media may be used by IANA for educational, promotional, advocacy, and marketing purposes.
- The Media may be edited, adapted, or combined with other images, audio, text, or graphics.
- I will not receive any financial compensation now or in the future for the use of the Media.
- IANA owns all rights, title, and interests in any derivative works created from the Media.

I represent and warrant that:

- The submitted video is my original work and does not infringe upon the rights of any third party.
- I have obtained permission from all identifiable individuals appearing in the video, or from their parent/guardian if under 18 years of age, to be included in the Media.
- No copyrighted materials (such as music, images, or video clips) have been used without appropriate permission or licensing.

I hereby release and discharge IANA from any and all claims, demands, or causes of action that I, my heirs, executors, administrators, or assigns may have by reason of or arising from the use of the Media, including but not limited to claims for defamation, invasion of privacy, or violation of the right of publicity.

This release shall be governed by and interpreted in accordance with the laws of the State of Illinois. I certify that I am at least 18 years of age and have the full legal capacity to execute this release. If I am under 18 years of age, my parent or legal guardian has also signed below.

Participant Signature: _____ Date: ____ / ____ / _____

Printed Name: _____

If participant is under 18 years of age, a parent/guardian must complete the section below:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: ____ / ____ / _____