

Youth Lens Photo Contest!



Welcome to the Youth Lens Photo Contest!

To enter, it is easy as 1-2-3!



Step 1.

Take an *original photo*.

Remember an original photo is a photo you personally shot.

The Youth Lens Photo Contest does not allow the submission of the following:

- A screen capture,
- A copy of another artist's photo,
- A replicated photo from the internet, or
- An altered photo from a secondary source.

Step 2.

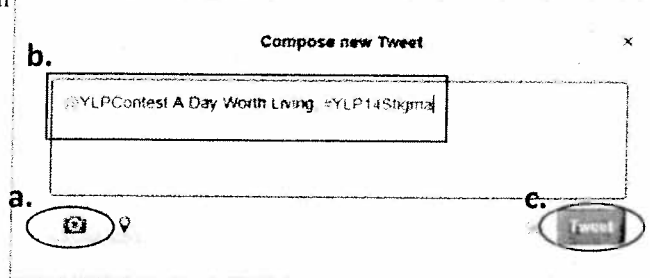
Tweet your *original photo* representing the contest theme.

Upload your photo to Twitter and tweet @YLPContest adding a brief photo description or photo name using hashtag #YLP14Stigma.

- Upload Photo
- Write @YLPContest adding a description with #YLP14Stigma
- Click "Tweet".

Youth Lens Photo Contest @ A Glance:

1. "Create" take an original* photograph showing what you think about Stigma.
2. Then, using Twitter, Tweet your original* photo @YLPContest adding hashtag #YLP14Stigma.
3. Lastly, watch *retweets*...
WIN!



Step 3.

Get retweets of your *original photo*.

The top 3 photos that get the largest volume of retweets will win!

Youth Lens Photo Contest will contact the winners at the end of the Contest to have the photographers sign a contest consent form allowing us to republish your artwork. We will also ask your permission to use the photos in an auction designed to support future contests supported by Youth Lens Photo Contest.



Questions?

Contact youthlens.project@gmail.com

Youth Lens Photo Project

Photo Subject Release Form

*NOTE TO PHOTOGRAPHER: If your photograph includes **identifiable** subjects, the following signed release must be provided for each identifiable person in your photograph. If the subject is under the age of 18, that subject's parent or guardian must sign this release.*

I grant the IDEA Partnership and the Youth Involvement and Leadership Practice Group, and their licensees the perpetual right and license to use, modify, and publicly display [my / my child's] image in photograph for the Youth Lens Photo Project, public exhibits, presentations, publications, other educational purposes and other media without compensation, notice, review, or approval.

I will hold harmless the IDEA Partnership and the Youth Involvement and Leadership Practice Group, and their licensees from any use by the IDEA Partnership and the Youth Involvement and Leadership Practice Group, or their licensees of [my / my child's] image in the photograph.

[I agree that I am the parent of the child and have the authority to grant the rights granted in this release.]

Printed name of photograph subject: _____

Age: (please check one) Under 18 _____ 18 & over _____

Address:

Address Line2:

Signature of photograph subject: _____

(or if subject is under the age of 18,
signature of parent or guardian)

Name of photographer: _____

E-mail of photographer: _____

If photo is submitted electronically, use corresponding e-mail address

Brief description of relevant photo:

**CONSENT FORM
YOUTH LENS PHOTO PROJECT**

Participant's Name: _____

In this photography project, you and other participants will take pictures and share views about stigma through your eyes. This is a chance for you to teach others about the impact of stigma on the lives of youth.

If you decide to be part of the project, you will be asked to:

- Take photographs that relate to stigma and prejudice (or use photos of US icons included)
- Explain what the photograph means to you in 3-4 sentences
- Submit up to 2 photos that you feel best capture the messages you want to share to jenah.cason@fedfamsc.org
- Sign the consent form to participate and use the consent form for photo subjects (people you photograph)

By signing this consent form, you are agreeing to let the IDEA Partnership and the Youth Involvement and Leadership Practice Group use the photographs you take. Your name will never be used other than during discussions, unless you choose. You may use a pseudo-name for the photographs displayed at the exhibit. At any time, you may ask us to not use any specific photograph(s) or story.

This project is being conducted on behalf of the Federation of Families of SC. If you have any questions about the project, you may contact the following people: Jenah Cason at (803) 467-1097 or jenah.cason@fedfamsc.org.

Remember, your participation is completely voluntary. Signing this paper means that you have read this and that you want to be in the project. It also means the IDEA Partnership and the Youth Involvement and Leadership Practice Group is granted permission to use your photograph(s), interview(s) and accompanying narrative(s) for public exhibits, presentations, publications and/or other educational purposes. This is your decision!

Printed name of youth participant: _____

Telephone: _____ Home: _____

Cell: _____

Address: _____

Address Line2: _____

Youth signature:
(required if age 16 or above) _____

Parent/guardian signature:
(required if youth is under the age of 18) _____

Youth email: _____

Parent/guardian email: _____