

**NCATS RARE DISEASES ARE NOT RARE! CHALLENGE PRIZE
PARTICIPANT CONSENT FORM**

Parental consent is required for any videos or photographs which include participants under the age of 18 years old.

Name of Participant: _____

Video or Photograph Title: _____

Submitted by: _____ (individual/team leader name)

Please check one of the following statements:

I am 18 years of age or older. I hereby consent to appearing in the video or photograph entry named above, and to its submission to the **National Center for Advancing Translational Sciences (NCATS) "Rare Diseases Are Not Rare!" Challenge Prize** competition. I also grant **NIH** permission to use the video or photograph in which I appear for news, informational and educational purposes, or the promotion of NIH events and activities. Such uses include, but are not limited to, posting the material on social media and the NCATS website (thereby making it generally available to outlets such as universities, teachers, news organizations and the general public) and distributing the material to other websites for educational, informational or promotional purposes.

I am the parent or legal guardian of the participant who is under 18 years of age. I hereby grant permission for my child to appear in the video or photograph entry named above and for it to be submitted to the **National Center for Advancing Translational Sciences (NCATS) "Rare Diseases Are Not Rare!" Challenge Prize** competition. I also grant **NIH** permission to use the video or photograph in which my child appears for news, informational and educational purposes, or the promotion of NIH events and activities. Such uses include, but are not limited to, posting the material on social media and the NCATS website (thereby making it generally available to outlets such as universities, teachers, news organizations and the general public) and distributing the material to other websites for educational, informational or promotional purposes.

Print Name of Participant or Parent/Legal Guardian

Signature of Participant or Parent/Legal Guardian

Date