

Springforth 2012
Film Festival Consent form

One for each actor needs to be filled out and submitted (with entry form – April 1, 2012)

**Please Mail to: Ellen Brewer C/O Douglas Baptist Church 1012 Hwy 105 Douglas NB E3G 7J4 or
Or FAX: Attention Jody Linkletter 1-902- 895.1359**

Video Title: _____

Participant's Name: _____

I (and my parent or guardian, if I am below 18 years) hereby grant permission to the rights of my image, likeness and sounds of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product where my likeness appears. Additionally I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

The video may be used during Springforth and other public settings including but not limited to: internet, speaking engagements, promotion in churches, class and educational settings. By signing this release I understand this permission signifies that the video recording of me may be electronically displayed via the internet or in other public settings. I understand that there is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be used or distributed.

By signing this form I (and my parent or guardian, if I am below 18 years) acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

For promotional and other valuable consideration, receipt of which is acknowledged, I (and my parent or guardian, if I am below 18 years) hereby authorize, license, and permit Springforth and anyone authorized by them, to use, broadcast, promote license, distribute, lend, display, publish, or post on websites this audio/video recording, and all submitted media or images for any educational, training or promotional purposes, and hereby release Springforth, Convention of Atlantic Baptist Churches, from all liability and claims that I have or may have related to or arising out of the exercise of said authorization, license, and permission.

Name (print) _____

Signature _____

Complete mailing address _____

Telephone number _____ e-mail _____

Date _____ I am over the age of 18 so no parental consent is required _____

If Participant is under 18 years, I hereby consent on behalf of the student.

Parent/guardian's name _____

Signature _____

Complete mailing address _____

Telephone number _____ e-mail _____

Date _____