

Springforth 2010  
Film Festival Entry Form **Due April 1, 2010**  
**Please mail to : Jody Linkletter** c/o Immanuel Baptist Church PO Box 1414, Truro, NS, B2N 5V2  
**Or FAX: Attention Jody Linkletter 1-902-895-1359 \***

Name of Producer: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Church: \_\_\_\_\_ Youth Leader's name: \_\_\_\_\_

Name of video: \_\_\_\_\_ Duration of video: (mm:ss) \_\_\_\_\_

List Participants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give a brief background of who you are, and the video you have submitted (this information will be used to help introduce you at the film festival): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By Signing below, I indicate that I/we am/are the original producer/s of this film, I have gained permission from each participant, and have obtained permission to use copyrighted material. I/we give permission for this film to be used by The Convention of Atlantic Baptist Churches on the internet and in public settings (including but not limited to: speaking engagements, promotion in churches, class and educational settings), and to be shown at Springforth. I/we am/are attaching the signatures of film participants and parental consent of each individual under 18.

- By checking this box I have read and understood all the guidelines in the PDF document on the website
- By checking this box I have enclosed all proper documentation for copyrights obtained (if applicable) and have submitted the name, artist and website information where music or sound effects etc have been retrieved from.

\_\_\_\_\_  
Signature of producer \_\_\_\_\_  
Date

\_\_\_\_\_  
Witness \_\_\_\_\_  
Date

By signing below, I \_\_\_\_\_ (pastor) indicate that the information provided on this form is correct and true to the best of my knowledge. I also signify that this film has been a student-led project, and do hereby witness that the signatures provided (students, parents and other participants) are valid and are the true signatures of the persons so noted.

\_\_\_\_\_  
Signature of pastor \_\_\_\_\_  
Date

Springforth 2010  
Film Festival Consent form

**One for each participant needs to be filled out and submitted (with entry form – April 1, 2010)**

Video Title: \_\_\_\_\_

Student'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 Student 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 \_\_\_\_\_