



## **Cinesnaps 2021 Short Film Competition Consent for Involvement as Talent**

**An individual form must be completed for each participant aged over 18 years**

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### **Participant:**

Title of Short Film Entry: .....  
Name.....  
Date of Birth:...../...../.....  
Gender: Male/Female  
Address:.....Postcode:.....  
Home No:.....  
Work No:.....  
Mobile:.....  
Email:.....

### **Photographs/Audio Visual:**

- YES! I give permission for my photograph to be taken during this activity and acknowledge that this is an authorized use of my image for the purposes of Copyright Act 1968. I understand that images may be used for publicity and promotion by CinefestOZ in local press and other mediums for an undefined period of time.
- NO! I do not give permission.

### **Permission:**

I .....(Name) agree to participate in the CinefestOZ **2021 Cinesnaps Short Film Competition** through my involvement as talent in the production of this short film.

Signature:
Name:
Date:

**RETURN THIS FORM by **WEDNESDAY 30 JUNE 2021** WITH YOUR  
FILM ENTRY to the CINEFESTOZ Website:  
CINEFEST.COM / FESTIVAL PROGRAM / CINESNAPS SCHOOLS PROGRAM /  
SHORT FILM COMPETITION / SUBMIT ENTRY!**

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