



## Cinesnaps 2021 Short Film Competition Parental Consent for Production Team YEARS 10-12 SECTION

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

### Participant:

Title of Short Film Entry: .....  
Name..... School:.....  
Date of Birth:...../...../..... Age:..... Gender: Male/Female  
Participants Mobile:.....  
Parents/Guardians Name(s):.....  
Address:..... Postcode:.....  
Home No:..... Work No:..... Mobile:.....  
Email:.....

### Photographs/Audio Visual:

- YES! I give permission for my child's photograph to be taken during this activity and acknowledge that this is an authorized use of my child's 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. *(Where possible, parents will be contacted in advance of use of any images to confirm permission).*
- NO! I do not give permission.

### Permission:

I .....(the parent/guardian) give permission for..... to participate in the CinefestOZ **2021 Cinesnaps Short Film Competition**. I have read and understood the Terms & Conditions of Entry and give permission for my child to participate in this project.

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!

GEOGRAPHE FRENCH AUSTRALIAN FESTIVALS INC.

Ref: 2020 Cinesnaps Short Film Competition

Attention: Sarahjane Bilston (Community Film & Engagement Officer), PO Box 5185, West Busselton WA 6280

Telephone: 0401 054 672 Email: [cinesnaps@cinefestoz.com](mailto:cinesnaps@cinefestoz.com) | Web: [www.cinefestoz.com](http://www.cinefestoz.com)