



**Cinesnaps 2024 Student Short Film Competition
Consent for Involvement as Production Team or Talent
YEARS 10-12 SECTION**

An individual form must be completed for each participant

Title of Short Film Entry:

Participant Name.....

School:

Date of Birth: / / Age: Preferred gender pronouns:

Participants Mobile:

Parents/Guardians (for participants under 18)

Name(s):

Address):

Postcode:

Home No: Mobile:

Email:

Please indicate below if you are Production Team / Talent or both:

- Production Team (MUST BE UNDER 18)
- Talent (UNDER 18)
- Talent (OVER 18)

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.

Parents/Guardians Consent: (please fill out for students under 18):

I (the parent/guardian) give permission for..... to participate in the CinefestOZ **2024 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 Tuesday 25th June 2024 WITH YOUR FILM ENTRY to the CINEFESTOZ Website: <https://cinefestoz.com/cinesnaps/short-film-competition/entry-pack/>