

2026 CINESNAPS STUDENT FILM COMPETITION OVER 18 TALENT RELEASE FORM

An individual form must be completed for each person featured in the production

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FILM TITLE

CHARACTER NAME

TALENT NAME

DOB (DD/MM/YY)

MOBILE

EMAIL

YES! I give permission for my photograph/image to be taken during this activity and acknowledge that this is an authorised use of my image for the purposes of Copyright Act 1968. I understand that the production may be screened publicly, and images maybe used for publicity and promotion by CinefestOZ in local press and other mediums for an undefined period of time. (Where possible, you will be contacted in advance of use of any images to confirm permission).

NO! I do not give permission

I give permission for my image to be featured in a film submitted for the 2026 Cinesnaps Student Film Competition. I have read and understood the Terms & Conditions of Entry outlined in the Entry Pack, and have willingly participated in this project.

SIGNATURE

DATE

