

**2026 CINESNAPS STUDENT FILM COMPETITION  
 UNDER 18 TALENT RELEASE FORM**

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

**FILM TITLE**

**CHARACTER NAME**

**TALENT NAME**

**DOB (DD/MM/YY) SCHOOL YEAR**



**MOBILE**

**EMAIL**

**PARENT/GUARDIAN INFORMATION**

**NAME**

**RELATIONSHIP TO TALENT**

**MOBILE**

**EMAIL**

**YES!** I give permission for my child's photograph/image to be taken during this activity and acknowledge that this is an authorised use of my child's 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, parents will be contacted in advance of use of any images to confirm permission).

**NO!** I do not give permission

I  give permission for  
 to participate in the  
**2026 Cinesnaps Student Film Competition.** I have  
 read and understood the Terms & Conditions of Entry  
 outlined in the Entry Pack, and give permission for my  
 child to participate in this project.

**SIGNATURE**

**DATE**

