Film Contest Release Form

Bill Wilson Center - Release and Consent Form

Participant's Name: _____

Date of Birth: _____

Email: _____

Phone Number: _____

By signing below, I, the undersigned participant, agree to the following terms in relation to my submission to the Benefit Film Screening Competition, organized by Bill Wilson Center.

Rights to Submitted Work

I affirm that the film I am submitting is my original work, and I retain full ownership and rights to the submitted material. Bill Wilson Center will not claim ownership of my work. I understand that my submission to the competition does not transfer ownership of my film to Bill Wilson Center, but by entering the contest, I grant Bill Wilson Center the right to screen, share, and distribute my film for promotional and educational purposes related to the contest. This includes but is not limited to public screenings, social media, websites, and other promotional channels, with appropriate credit given to me as the creator.

Consent to Record and Share Film

I grant Bill Wilson Center permission to record, distribute, and publicly display my film, including any related promotional materials, provided that I will be credited as the creator of the work.

Permission for Use of Film Content

I confirm that I have obtained written consent from all individuals featured in my film (including but not limited to actors and music creators), and that I have the legal right to use any music, images, or other materials included in my film. I understand that Bill Wilson Center is not responsible for any issues related to copyright or consent violations.

Acknowledgment of Risks

I acknowledge that my film will be publicly displayed as part of the contest process, and I am solely responsible for ensuring that all aspects of my film comply with the competition's guidelines and any applicable laws or rights.

Signatures:

I, the undersigned, hereby acknowledge that I have read, understood, and agree to the terms outlined above.

Participant Name (Printed): _____

Participant Signature: _____

Date: _____