

Film Contest Release Form (Under 18)

Bill Wilson Center - Release and Consent Form

Participant's Name: _____

Parent/Guardian Name: _____

Date of Birth: _____

Email: _____

Phone Number: _____

Parent/Guardian Consent:

By signing below, I, the undersigned parent/legal guardian, give permission for my child, whose name appears above, to participate in the Benefit Film Screening Competition, organized by Bill Wilson Center. I understand and agree that my child's submitted film may be screened and shared by Bill Wilson Center, including but not limited to online and public events, with appropriate credit to the creator.

I also understand that Bill Wilson Center will not claim ownership of my child's work, and my child will retain full rights to their original material. However, by submitting their film, they grant Bill Wilson Center permission to use the film for promotional and educational purposes in connection with the contest, including but not limited to screenings, social media, and publications, with proper credit given to my child as the creator.

Consent to Record and Share Film

I, the undersigned, also grant permission for Bill Wilson Center to record, distribute, and display my child's film, provided they are credited appropriately for their work.

Acknowledgment of Risks

I acknowledge that my child's participation in the competition may involve the submission of original work that will be reviewed and publicly displayed, and that my child is responsible for obtaining permission from all individuals featured in the film (e.g., actors, music creators, etc.) and ensuring there is no copyright infringement.

Signatures:

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

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____