



LIMELIGHT LOCAL FILM FEST ENTRY RELEASE FORM 2019



Filmmaker (Print name) _____ Phone (_____) _____ - _____

Address _____

Email _____

By entering the Limelight Local Film Fest, the applicant agrees to all rules and regulations as defined in the Limelight Local Film Fest Guidelines and agrees to release and hold harmless the Limelight Local Film Fest and Oswegoland Park District, including its directors and other representatives, from any and all claims arising in any way from the submission or use of materials ("the Work") by or on behalf of the applicant. Further, the person signing this form agrees to pay any attorney's fees and/or court costs that should arise from the performance of this agreement. The applicant also grants a non-exclusive license, throughout the world and in perpetuity, to:

- Show the Work (with attribution to original filmmaker & approved cast) to the public at a future Limelight Local Film Fest
- Use the Work for Limelight Local Film Fest promotions and fundraising.
- Include or embody the Work in another film produced by the Limelight Local Film Fest, such as a collection of films, to be used for promotion of the Limelight Local Film Fest or fundraising.
- Present the Work, including sounds and images of the Work, to the public by any means including, but not limited to, the Internet, cable, satellite, radio, television, newspapers, CD, DVD, and BluRay.
- Have the Work listed in the catalog of entries.

I hereby give my permission to the Limelight Local Film Fest and Oswegoland Park District to use and reproduce the video footage, photographs, or voice recordings of my film for promotional purposes. I hereby waive any right that I may have to inspect or approve the finished video product that may be used in connection herein.

Your initials and signature below indicate that you agree to the following:

_____ The Oswegoland Park District & Limelight Local Film Fest has my permission for the to use video footage recorded for (film name) _____

_____ I have procured an Actor Release Form for every actor in this film.

_____ I have read this release and the waiver on the reverse carefully and fully understand its content and voluntarily agree to its terms as indicated by my signature below.

Filmmaker Name (Print) _____ (date) _____

Filmmaker Signature _____

Parent/Guardian Name (Print) _____ (date) _____

Parent/Guardian Signature _____

Questions? Email Cori at cveverka@oswegolandpd.org or call 630.554.4433.