



THE 2016

WHOLE PICTURE FILM CONTEST

FOR STUDENTS GRADES 3 TO 12

Actor Release Form

*This form must be completed for each clearly identifiable person appearing in your film.
Please include Actor Release Form(s) with your Entry Form.*

Film Title _____

Filmmaker's Name(s) _____

Actor's Name _____ Grade _____

I understand that an original video has been created and submitted that includes images of me or my child. I understand that this video is being posted on YouTube and has been submitted as part of the Whole Picture Film Contest. In the event that this film is a winner in the contest, I grant full permission and authority to Whole Picture Film Contest and anyone authorized by Whole Picture Film Contest to use, publish, and display my or my child's image and/or voice contained in the video *only* for purposes of promotion, advertising and publicity. I recognize that apart from the award there is no form of compensation. I have read the Rules and Regulations of the 2016 Whole Picture Film Contest and agree with them.

By signing this form, I declare that I am legally authorized to grant the permissions and waivers stated.

Actor's Signature (if over 18 years old) _____ Date _____

Actor's Parent/Guardian Signature (if under 18) _____

Print Parent or Guardian's Name _____ Date _____

Parent or Guardian's Email _____ and Phone _____
or Actor's (if over 18)