



INDEE STUDENT FILM FEST VIDEO AUTHORIZED RELEASE FORM

A release form must be completed for each individual participating in the video project. The release forms must accompany the video entry form and be submitted to:

Dr. Blaisdell at East Elementary (1103 1st St SW, Independence, IA 50644). Questions can be directed to Dr. Blaisdell at 332-0535 or mjblaisdell@independence.k12.ia.us. **Due date: January 14, 2013**

I hereby authorize the Independence Community School District and any agency associated with the promotion of the school district, to utilize you child's name or image as submitted for Indee Student Film Fest contest and/or for any promotional activity associated with the Indee Student Film Fest including:

*News releases to the media (television, radio, newspaper, magazine/flier, outdoor advertising, etc.).

*Use on the district website or district Facebook pages or media upload sites for the purposes of district website/Facebook publishing.

Student's Name _____

Student's Age _____ **Grade** _____ **Gender: M F**

Mailing Address _____

Parent/Guardian Telephone Number _____

Parent/Guardian email _____

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Today's Date _____