## TALENT RELEASE FORM FOR MINORS

## Video/Photo/Audio Consent Form

I,	_ (the undersigned), do hereby as a parent consent to
the use by the "Event organizer/P	roducer" of Colortape® International Film Festival also
T/A "Colortape® Film Diversity For	undation Pty Ltd, ACN# 610 995 090 ABN# 346 109 950
90" of the images, voice, or both o	of the minor child under the age of 18 described below,
in (1) the video, photograph, or au	udio recording described below; and (2) any video,
photograph, or audio recording re	produced either in whole or in part from the video,
photograph or audio recording de-	scribed below: regardless of whether these materials
are used for fundraising, advertisi	ng, publicity, or promotional purpose on behalf of either
the film festival Colortape <sup>®</sup> , its ma	rketing department or the producer.
I warrant that I am the parent or le	egal guardian of the minor described below and have
the full right and authority to grant	this consent on behalf of such minor

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In addition, I waive all claims to compensation or damages based on the use of such

In addition, I waive all claims to compensation or damages based on the use of such minor's image or voice, or both, by either the film festival, Colortape®, its marketing or producer. I also waive any right to inspect or approve the finished photograph or video or audio recording.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on the minor, our heirs and assigns.

I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned. I further attest that I have read this consent form and fully understand its contents.

Description of video, photograph, or audio recording:

Shots captured at Colortape <sup>®</sup> International Film Festival, Springfield Central (Qld) event on the 4 <sup>th</sup> & 11 <sup>th</sup> June 2016
Printed name of minor:
Age of minor:
Address of minor:
Signature of parent or legal guardian:
Printed name of parent or legal guardian:
Address of parent or legal guardian:
Date:
Name and address of event/organization/photographer/videographer:
Colortape <sup>®</sup> International Film Festival, T/A Colortape <sup>®</sup> Film Diversity Foundation Pty Ltd (Not-For-Profit) ACN# 610 995 090 ABN# 346 109 950 90 PO BOX 328 Mansfield, 4122, (E) Colortape@gmail.com