

4th Annual Central Wisconsin Film Festival
November 6 & 7, 2009

STUDENT SUBMISSIONS - PERMISSION TO PUBLISH
PARENTAL RELEASE FORM

I, _____, hereby authorize Central Wisconsin Film Festival, Arts Alliance of Portage County, Inc. (AAPC), its affiliates, and anyone authorized by them, without payment or compensation, to use in any manner and for any purpose, recording of voice and pictures and reproductions thereof, submitted by the undersigned, or children or property of, or under the control of the undersigned for the exclusive film showing rights from date of receipt through November 2009. Additional showings may occur at the sole discretion of AAPC in limited school settings for educational purposes only.

Dated this _____ day of _____, 2009.

Student Name (under 18 yrs): _____ (Print)

Signature: _____

Parental/Guardian Name: _____ (Print)

Signature: _____

Phone: _____

Address, City, Zip: _____

Central Wisconsin Film Festival
1128 Main Street
Stevens Point, WI 54481
(715) 254-0460
www.cwfilmfest.org

MUST BE RECEIVED BY 4:30 p.m. September 1, 2009