

6th Annual Central Wisconsin Film Festival
November 4-6, 2011

STUDENT SUBMISSIONS - PERMISSION TO PUBLISH
PARENTAL RELEASE FORM

I, _____, hereby authorize Central Wisconsin Film Festival, Arts Alliance of Portage County, Inc., 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 Central Wisconsin film showing rights from date of receipt through December 2011. In addition, *cwfilmfest* reserves rights for ONE additional educational screening in early 2012 of selected films to expand our rural outreach mission unless opted out on Entry Form.

Dated this _____ day of _____, 2011.

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

Signature: _____

Parental/Guardian Name: _____(Print)

Signature: _____

Phone: _____

Address & City: _____

Enclose with Submission Forms: Central Wisconsin Film Festival
c/o Business Consultants
1709 Clark Street
Stevens Point, WI 54481
ATTN: Student Submissions

MUST BE RECEIVED BY 4:30 p.m. September 1, 2011