



FILM FESTIVAL PERMISSION SLIP



Student Name: _____

School: _____

Student Email: _____

Film Category:

- Comedy/Drama
- Public Service Announcement
- Animation
- Documentary

Entry Type:

- Single Submission
- Group Submission

Name of Film: _____

List students who appear in the film or credits: name, school, grade.

I agree to abide by the rules of the District 95 Film Festival including, but not limited to:

- ❖ Films need to be "G" Rated: school appropriate language and clothing, films should not depict drugs, alcohol, tobacco, or handgun use.
- ❖ Scripts and characters should be original.
- ❖ Music must either be original compositions and original recordings or movie producers must secure permission for use of previously recorded music or other copyrighted materials from the composers, recording artists, or owner/creator.
- ❖ Please submit movies to Google Drive; filmfestival@lz95.net (directions on website)

Student Signature: _____ Date: _____

I agree to allow my child, _____, to participate in the District 95 Film Festival. I understand it is his/her responsibility to abide by all rules of the Film Festival. District 95 and the District 95 Educational Foundation retain the right to use photos and video/motion pictures from the entries submitted in this Film Festival without compensation to the entrant. I grant consent for my student's name, photograph, and works submitted through this Film Festival to be published by District 95 and the District 95 Educational Foundation. Lake Zurich Community Unit School District 95 and the School District 95 Educational Foundation reserve the right to post the winning videos on the District and school websites and to use the videos to promote the Foundation and the film festival.

Parent/Guardian Signature: _____ Date: _____

Parent Email: _____