



Australian Religious Short Film Prize

Release Form

Name of film-maker:

Film title:

Name of person filmed:

Address of person filmed:

Phone number of person filmed:

Email of person filmed:

I agree to be filmed/recorded on the understanding that:

- My name and likeness and opinions may form some of the subject matter of the above film.
- The producer/director may edit the contribution entirely at her/his sole discretion.
- All copyright and any other rights from my contribution are assigned to the film maker.
- The producer/director may reproduce my contribution by any means and on any available format.

Signed by the person filmed:

Date: