



Festival date: July 20, 2019

Produced by the Atlantic Highlands Arts Council
A New Jersey non profit 501(c)3 organization
www.FilmOneFest.org / www.AHArts.org

Film Slam Media Consent Form 2019

I, _____, hereby agree and give permission for the FilmOneFest, Film Slam and Monmouth University (hereinafter collectively referred to as “Organizers”) to record, film, photograph, audiotape or videotape me/my child on April 5th & 6th, 2019. The Film Slam is a 24-hour short film contest that will begin on April 5th and end on April 6th at Monmouth University’s Lauren K. Woods Theatre at 370 Cedar Ave, West Long Branch, NJ at 7:00 pm. The Film Slam launch will be photographed and recorded and displayed, published or distributed via multiple media outlets, on social media sites and/or for broadcasting on television or radio, as well as the at FilmOneFest, as determined by the Organizers.

Contestants/Teams will need to bring their movie to the Lauren K. Woods Theatre to be judged by 7:30 pm on April 6th, 2019. Winner’s films will be played at multiple FilmOneFest events, will be put on the FilmOneFest Website and YouTube page and used by the Organizers and Monmouth University for Film Slam promotion purposes. FilmOneFest and Monmouth University are hereby granted the right to utilize any film or video submitted and accepted for exhibition at the Festival for educational, archival and promotional purposes. The individual or corporation submitting hereby warrants that it is authorized to commit the film or video for screening and understands and accepts these requirements and regulations. I release FilmFestOne and Monmouth University and those acting pursuant to their authority from liability for any violation of personal or proprietary right I may have in connection with such use. I understand and agree that I shall not be entitled to any compensation of any nature, monetary or otherwise, from FilmOneFest and Monmouth University in return for allow the use.

_____ Initial Here

All children under 18 must be accompanied by an adult.

We request permission to take your photo and publish it on the Atlantic Highlands Art Council (AHAC) /FilmOneFest websites and use it for press or publicity materials for FilmOneFest and Monmouth University.

Please initial your response to the following:

_____ I grant permission for a photo/video that includes any personal identifying information to be published on the AHAC/FilmOneFest/Monmouth University websites on the Internet or released for publication with press releases or publicity materials.

_____ I grant permission for a photo/video that excludes personal identifying information to be published on the AHAC/FilmOneFest/Monmouth University websites on the Internet or released for publication with press releases or publicity materials.

_____ I DO NOT GRANT PERMISSION to be photographed/videoed

FilmOneFest is a program of the Atlantic Highlands Arts Council



Atlantic Highlands Arts Council, PO Box 236, Atlantic Highlands, NJ 07716 info@AHArts.org

Name (Please Print) _____

Participant Signature _____

Relationship to Film Producer _____ Date _____

FOR MINORS

All participants under 18 must bring a signed Media Consent Release form to the April 5th Film Slam Launch. Your child will not be able to participate without the initialed and signed Waiver and Release of Liability consent form. For more information visit [FilmOneFest.org/film slam/](http://FilmOneFest.org/film_slam/) or contact info@filmonefest.org.

Please initial your response to the following:

_____ I grant permission for a photo/video that includes this child WITHOUT any personal identifying information to be published on the AHAC/FilmOneFest/Monmouth University websites on the Internet or released for publication with press releases or publicity materials.

_____ I grant permission for a photo/video that excludes this child WITH personal identifying information to be published on the AHAC/FilmOneFest websites on the Internet or released for publication with press releases or publicity materials.

_____ I DO NOT GRANT PERMISSION to photograph/video this child.

_____ I am AWARE that alcohol will be present at the benefit dinner and I am required to attend with my child.

Child's Name _____

Please Print Parent or Guardian _____

Signature Parent or Guardian _____

Relationship to Film Producers _____ Date _____