

DISPLACED FILMS

"Senior Year" Parent/Student Consent Form

In consideration for participation in the Create Your Own Senior Year Program, I agree to:

1. Authorize Displaced Films, its assignees, successors or agents to post on the Senior Year Website the material I am submitting;
2. Allow this material to be posted on the Senior Year Website for up to 4 years, at the discretion of Displaced Films or it's assignees;
3. Understand that the original material submitted by me will not be returned, unless expressly agreed to in advance by Displaced Films or it's assignees;
4. Understand that I am the sole owner of the copyright for all submitted material and may display or sell it for purposes other than the Create Your Own Senior Year program at my discretion;
5. Release Displaced Films from any and all claims, damages, liabilities and costs I now or might have regarding my appearance for this program.
6. Warrant that any material furnished by me for this program is either my own or has been authorized for use in the program by its owners. Any such materials may be used by Displaced Films for the program for 4 years, without financial or other obligation;
7. Be fully responsible for my participation in the program and for any materials furnished for use in this program and to indemnify and hold Displaced Films harmless from any liability, loss, claims and or expenses arising from my appearance or the use of these materials, and;
8. Knowingly and willingly waive any rights or entitlements in the documentary, including payments for my appearance on the Senior Year Website, which I have now or might have as a member of a union guild or other organization.

Participant Signature: _____ Date: _____

Name: _____ Age: _____

Home Address: _____

City/State/Postal Code: _____

Telephone Number: _____ Date of Birth: _____

If participant is a minor:

As the parent or guardian of the above student, a minor, I fully understand the provisions of this release and have explained them to my son or daughter. I endorse this release on his or her behalf and will be responsible for compliance.

Parent Signature: _____ Date: _____

Print Name: _____

MAIL COMPLETED FORMS WITH YOUR SUBMISSION TO:
2536 LYRIC AVENUE, LOS ANGELES, CA 90027
QUESTIONS? CONTACT: EXPRESSYOURSELF@SENIORYEAR.ORG