



Parent/Student Release Form DocMiami "Save the Arts in Public Schools PSA Competition"

I/We _____, [print name(s)]
parent(s)/legal guardian(s) of _____ [print name]
hereby give my permission and consent for the student listed above to participate in the
DocMiami "Save the Arts in Public Schools PSA Competition". I hereby release the
DocMiami International Film Festival from any and all damages, liabilities and claims arising
out of or relating to the above named student's participation in this contest and related
activities.

I understand that the above named student may be featured in the video and I am
authorized to and hereby irrevocably grant to the DocMiami International Film Festival, its
successors and assigns (collectively, "DocMiami") the right to use the above student's name,
appearance in and recordings of his/her voice as a part of any video submitted by the
participating school in DocMiami "Save the Arts in Public Schools PSA Competition". It is
understood that the videos may be displayed on the DocMiami website, the internet, in
DocMiami business related meetings and on participating public access cable stations or in
news media broadcasts. This grant shall extend, without further compensation, to any and
all future uses of this video product by DocMiami.

In consideration for the student's participation in DocMiami International Film Festival, I
hereby assign to the DocMiami International Film Festival all rights, title and interests to the
video named below.

_____ Date _____
Students Signature

_____ Date _____
Parent's/Legal Guardian's Signature

Video Title _____

Name of School _____