



# GLOUCESTER COUNTY LIBRARY TEEN INDEPENDENT FILM FESTIVAL Film Contributor Release Form

Title of film:

Name of person submitting film:

**To be completed by the person(s) appearing in the film and his/her guardian:**

I hereby authorize the use of my image for this film and agree that the film that I have contributed to may be exhibited by the Gloucester County Library, the TV / Video Production class at Gloucester County High School, Mathews County High School, YRC Theaters and/ or Hill Side Theaters in all media and formats. This may include school screenings, public screenings and broadcast on the Cable Government Channel 48.

Person appearing in the film:      Age:      **If the person appearing in the film is under age 18, please provide the name of his/her legal guardian:**

Name of person appearing in the film (please print)

Phone number

Signature of person appearing in film

Date

Name of legal guardian if the person is under age 18 (please print)

Phone number

Signature of legal guardian

Date

Person appearing in the film:      Age:      **If the person appearing in the film is under age 18, please provide the name of his/her legal guardian:**

Name of person appearing in the film (please print)

Phone number

Signature of person appearing in film

Date

Name of legal guardian if the person is under age 18 (please print)

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Signature of legal guardian

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Phone number

Signature of person appearing in film

Date

Name of legal guardian if the person is under age 18 (please print)

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Signature of legal guardian

Date

*Gloucester County Library*  
6920 Main Street, Gloucester, VA 23061 - Tel (804) 693-2998 - [www.gloucesterva.info/lib/home.html](http://www.gloucesterva.info/lib/home.html)

*Courtesy of Henrico Public Library, Richmond, Virginia. [www.henricolibrary.org](http://www.henricolibrary.org)*



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(continued)

Person appearing in the film:      Age:      **If the person appearing in the film is under age 18,  
please provide the name of his/her legal guardian:**

\_\_\_\_\_  
Name of person appearing in the film (please print)      Phone number

\_\_\_\_\_  
Signature of person appearing in film      Date

\_\_\_\_\_  
Name of legal guardian if the person is under age 18 (please print)      Phone number

\_\_\_\_\_  
Signature of legal guardian      Date

Person appearing in the film:      Age:      **If the person appearing in the film is under age 18,  
please provide the name of his/her legal guardian:**

\_\_\_\_\_  
Name of person appearing in the film (please print)      Phone number

\_\_\_\_\_  
Signature of person appearing in film      Date

\_\_\_\_\_  
Name of legal guardian if the person is under age 18 (please print)      Phone number

\_\_\_\_\_  
Signature of legal guardian      Date

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please provide the name of his/her legal guardian:**

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Name of person appearing in the film (please print)      Phone number

\_\_\_\_\_  
Signature of person appearing in film      Date

\_\_\_\_\_  
Name of legal guardian if the person is under age 18 (please print)      Phone number

\_\_\_\_\_  
Signature of legal guardian      Date

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please provide the name of his/her legal guardian:**

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Name of person appearing in the film (please print)      Phone number

\_\_\_\_\_  
Signature of person appearing in film      Date

\_\_\_\_\_  
Name of legal guardian if the person is under age 18 (please print)      Phone number

\_\_\_\_\_  
Signature of legal guardian      Date

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