

Permission and Release form for Video/Audio Permission

Your submission will be considered for inclusion in the program entitled EARLUMINATOR OPEN SCREEN NIGHT. Please read carefully and complete this Submission and Release Form.

The Submission is free.

One Free Admission to an Open Screen Night of the Submitter’s choice will be provided if the submission is screened. The Submitter may purchase up to 5 additional tickets at a 20% discount.

Title of Work: _____

Description: _____

Year of Production: _____ Running Time: _____

PRIMARY CONTACT PERSON

Name: _____

Position in Relation to Submitted Material: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Mobile: _____ E-mail: _____

Web Site: _____

Director: _____

Producer: _____

Camera: _____

Editor: _____

Has this material been screened, broadcast or licensed previously? Yes No

SUBMISSION MATERIALS

1. Each entry must be submitted and received as follows:
 - Completed submission forms and executed releases.
 - 1 DVD screener copies of your material
 - Artist bio optional
2. Submission title and contact name must be on all materials and containers.
3. Note: Submitted materials will not be returned.
4. Mail your submission to: Jim Smith, 2025 Albemarle Drive, Hixson, TN 37343

I, _____, the undersigned represents that if the movie hereby submitted is selected for presentation on the EARLUMINATOR OPEN SCREEN NIGHT program, that **all rights, licenses, clearances and releases necessary for exhibition of the work to the public have been secured**, so that such use will not obligate Jim Smith or EARLUMINATOR OPEN SCREEN NIGHT to make any payment to any third party and will not violate or infringe upon the rights of any individual, firm or corporation whatsoever. In the event that any materials used in my presentation contain the work of individuals or organizations (including any copyrighted musical compositions or individuals excerpts thereof), **I understand that it is my responsibility to secure any necessary permissions and/or licenses and will provide them in writing to EARLUMINATOR OPEN SCREEN NIGHT upon request.**

I hereby grant permission for EARLUMINATORS to include my video, in any and all forms, in the EARLUMINATOR OPEN SCREEN NIGHT program. **If selected as an Audience Favorite when screened, I grant permission to screen my submission again at the EARLUMINATOR OPEN SCREEN NIGHT Annual Audience Award screening.**

All rights agreed to and granted above by the undersigned shall be non-exclusive to EARLUMINATORS OPEN SCREEN NIGHT and its licensees, affiliates and subsidiaries.

Further, I acknowledge that EARLUMINATOR OPEN SCREEN NIGHT is under no obligation to include my Material in the Screening, or to exercise any or all of the rights, licenses, and privileges herein granted. In the event that my Material is selected to be included in the Screening, I agree to provide a copy of my material in its original, highest- resolution, highest-quality format that is suitable for screening as determined by EARLUMINATORS OPEN SCREEN NIGHT. I will be notified if and when my Material is to be included in screening.

YES ___ NO ___ EARLUMINATOR OPEN SCREEN NIGHT is granted the right to use up to one minute of the submitted video to be used as advertisement on the EARLUMINATOR OPEN SCREEN NIGHT website.

I HAVE READ THIS RELEASE CAREFULLY AND I UNDERSTAND ITS CONTENTS. No representations have been made to me other than those set forth in this Release and this Release states my entire understanding with reference to the Film and my Material.

DATE : _____

NAME : _____ SIGNATURE: _____
(Please print)

ADDRESS: _____

