



FESTIVAL INTERNATIONAL DE FILMS
POUR ENFANTS DE TOUS ÂGES
INTERNATIONAL FILM FESTIVAL
FOR KIDS OF ALL AGES

Freeze Frame 2018 Youth Video Contest Application

The student who submits the video to the Freeze Frame Youth Video Contest must complete and submit this form and waiver with their video.

Video Contest Application

Applicant Name:

First

Last

Address:

And Street Name

City

Province

Postal Code

Phone Number

Email:

Age and Grade:

Age

Grade

School Name:

Name of video:

Length:

Did adults help you make this video?

Yes

No

Please give details:

Please send entries by February 5th, 2018
at: youthcontest@freezeframeonline.org

Filmmaker's Waiver

I, _____ (print your name),
the undersigned, authorize Freeze Frame to screen my video production
(described above) in a theatre, on the internet, as well as for broadcast,
cablecast, webcast, duplication and distribution, in whole or in part, commercially
and non-commercially and, to use my video to promote its activities. I also
confirm with my signature below that I have read and agree to abide by all rules
and regulations of Freeze Frame's Youth Video Contest. I also guarantee that all
performing rights, including talent and music, are free and clear for use.

Filmmaker's Signature

Date

Parent or Guardian Consent

I, _____ (print name),
the parent or guardian of _____ (print your child's name)
am in agreement with the above statement signed by my son/daughter/ward.

Parent or Guardian's Signature

Date

For more information
Call 204-949-9355 or 204-943-5341
or visit
www.freezeframeonline.org

**FREEZE
FRAME**



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