



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 5<sup>th</sup>, 2018  
at: [youthcontest@freezeframeonline.org](mailto: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.

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*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.

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*Parent or Guardian's Signature*

*Date*

For more information  
Call 204-949-9355 or 204-943-5341  
or visit  
[www.freezeframeonline.org](http://www.freezeframeonline.org)

**FREEZE  
FRAME**



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