



S.O.A.P.

Photograph & Video Release Form

I agree to participate in the 2017 S.O.A.P. for HOPE Youth Film Contest & Film Festival as a Contestant and/or Participant in a Video/Film and/or Photo.

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

I understand that ALL video and film submissions are the property of the Ohio Children's Trust Fund (OCTF). I understand that winning video and film submissions will be distributed publicly with no geographic, distribution and timing limitations. The winning selections will also be distributed publicly to Ohio schools, universities and colleges, youth centers and organizations to serve as FREE anti-human trafficking resource material for youth and young adults.

As a Contestant and/or Participant, I hereby grant permission to have my Video/Film, Photos, Voice/Audio screened, on display, and recorded at (public) film festivals and additional locations/venues with no geographic, distribution or time limitations, including The Gateway Film Center, 1550 N. High St., Columbus, Ohio 43201.

As a Contestant and/or Participant, I understand that my name, age (category), voice/audio and image(s) or likeness will be publicly distributed with no geographic, distribution or time limitations, especially if I am a Film Contest Finalist and/or a Participant in a winning video/film selection and/or photo within it.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name: _____

City: _____ State: _____ Zip: _____ Phone : _____

Signature: _____ Date: _____

If this release is obtained from a presenter under the age of 18, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature: _____ Date: _____