

MINOR (CHILD) PHOTO, VIDEO, DIRECTOR RIGHTS RELEASE FORM

I, _____ the parent or legal guardian of _____ [Child] grant Lexogen my permission to use the photographs and videos, where my child has been pictured, or the video that he/ she has shot, edited and submitted for the Lexogen's 15th Anniversary Film Competition for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content. Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Name:

Child's Name:

Phone Number:

Parent/Guardian's Signature:

Date:

Important: Save the completed PDF form (use menu File - Save).