

Calgary Jewish Youth and Young adults Video Contest

Belonging - שִׁבוּת - 2021

Actor Release Form

This form must be completed by each identifiable* person appearing in Calgary Jewish Youth and Young adults Video Contest Belonging - שִׁבוּת - 2021

I understand that an original video has been created and submitted to Calgary Jewish Federation that includes images of me or my child. I understand that this video has been submitted to, and for participation in, the Belonging - Jewish Youth Video Contest 2021.

I grant full permission and authority to Calgary Jewish Federation and anyone authorized by the organization, to use, publish, and display my or my child's image and/or voice contained in the video. I recognize that there is no form of compensation. By signing this form, I certify that I am legally authorized to grant the permissions and waivers stated.

Title of Video _____

Participant's Name _____

Participant's Email _____

Participant's Phone _____

Actor's Name: _____

Actor's Date of Birth _____

Actor Signature _____ Date _____

Actor's Parent/Guardian Signature (if under 18) _____ Date _____

*If you have questions regarding which actor's are "identifiable," please contact us. 403-473-8073

Inclusion@jewishcalgary.org

