



INDIVIDUAL RELEASE FORM 2019

(PLEASE USE CAPITAL LETTERS)

FILM-MAKER OR FILM-MAKING TEAM ('THE FILM-MAKER / TEAM'):

INDIVIDUAL RELEASE FORM

I, the undersigned, understand that Connected Media Charitable Trust ('Connected Media') is running the sustainability film challenge for young people in 2019 called The Someday Challenge ('the Challenge') and that Connected Media will seek to achieve a widespread audience for some of the films entered in the Challenge.

I agree to permit the Film-maker / Team named above to record me, my voice, my image and likeness, and, if applicable, my musical performance on photographic, video and/or audio recording media, to be included in a film ('The Film') to be entered in the Challenge.

If I attend the awards ceremony for the Challenge I agree to permit Connected Media to record me on photographic, video and/or audio recording media.

If the Film is selected as a shortlisted or winning film in the Challenge I give the Film-maker / Team named above and Connected Media, its licensees and its assignees the irrevocable and unlimited right to use my name and all or any part of the recordings or transcripts of the recordings as they may be edited by or on behalf of the Film-maker / Team and / or Connected Media at their discretion, for showing in or in relation to the Challenge and/or the Film throughout the world in perpetuity in/on any present or future media, including in advertising, promotion and publicity of both the Challenge and the Film or any part of them or any derivative of them.

I accept that the Film-maker / Team's and Connected Media's use of this material will not invade my privacy.

I understand that the Challenge is supported by several partner and funding organisations. If I am a member of a team entering a film in the Challenge I agree that Connected Media may share with those organisations my demographic details for statistical purposes and contact details in order that they can contact me regarding relevant initiatives and opportunities.

Signed: _____ Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____

If you are a student, where are you studying? _____

Primary Intermediate Secondary Tertiary (circle one)

FOR STATISTICAL PURPOSES ONLY:

Date of Birth: _____ Male / Female / Gender Diverse (circle one)

Which ethnic group/s do you belong to? (circle at least one):

NZ European/Pakeha Maori Samoan Cook Islands Maori Tongan Niuean Chinese Indian European

Other (please specify): _____

Iwi (if applicable): _____

PARENT / LEGAL GUARDIAN / CAREGIVER (CIRCLE AS APPROPRIATE)

TO SIGN IF INDIVIDUAL IS UNDER 18 YEARS OF AGE:

Signed: _____ Date: _____

Name: _____

Address: _____