



BLUE MOUNTAINS YOUTH FILM FESTIVAL
Actor Release Form

FILM TITLE _____

CHARACTER NAME _____

NAME OF ACTOR	_____
AGE (dd/mm/yy)	_____ / _____ / _____
ADDRESS	_____ _____
PHONE	_____
E-MAIL	_____

By signing this agreement, the Actor allows their performance to be recorded, retained and screened publicly as part of the Blue Mountains Youth Film Festival

ACTOR'S SIGNATURE

DIRECTOR'S SIGNATURE

NAME AND DATE

NAME AND DATE