



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