



Name of the Documentary (working title):

Name of Filmmaker:

Agreement for Inclusion in Film

I agree to the inclusion of my contribution in the above-stated documentary (be it an on-screen appearance, music, voice-over, provision of location, or other contribution), the nature of which has been explained to me. I understand that my contribution will be edited and there is no guarantee that my contribution will appear in the final film. I agree that my contribution may be used to publicize the documentary or the contest in which it is being entered.

I understand that this documentary (or part of it) may be distributed in any medium in any part of the world including the Internet and television. I understand that this documentary (or part of it) may be used by Birth Matters Virginia for a film festival.

My contribution has, to the best of my knowledge, been truthful and honest. I have not deliberately sought to conceal any relevant facts from the makers of this film.

Agreed and Accepted:

NAME (printed):

DATE:

SIGNATURE:

PHONE:

EMAIL:

ADDRESS

If Signatory is under 18:

I represent and warrant that I am the parent or guardian of the minor whose name appears above, that I have read and approve of the foregoing Release, and consent to its execution by my child/ward. I hereby release the Released Parties as set forth and in accordance with the foregoing Release from any claims and/or causes of action I may have against them of any nature whatsoever. I hereby fully and unconditionally guarantee my child's/ward's releases and waivers as set forth above.

GUARDIAN PRINTED NAME:

DATE:

GUARDIAN SIGNATURE: