

Individual Appearance Release

Filmmaker or Film Making Team:

(PLEASE USE CAPITAL LETTERS)

I, the undersigned, understand the Last Ocean Charitable Trust is running The Last Ocean Online Short Film Competition 2011, and that the Last Ocean Charitable Trust will screen some of the films in its online screening room as part of that competition and will also seek to place some of the films on its website and other websites.

I agree to permit the above Filmmaker or Team to videotaping, filming and/or photographing me and recording my voice, conversation and sounds in connection with my appearance in their film for the Last Ocean Short Film Competition 2011. I further agree that Filmmaker/Team named above may use (and allow others to use) my name, voice and likeness for uploading to YouTube for the purpose of screening of the Last Ocean Short Film Competition 2011.

I give the Filmmaker/Team named above and the Last Ocean Charitable Trust the unlimited right to use my name or all or any part of the recordings as they may be edited at their discretion in relation to The Last Ocean Online Short Film Competition 2011, for showing throughout the world, on television, the Internet, on DVD and in/on any present or future media, without restriction.

SIGNATURE:

NAME:

(Please Print)

ADDRESS:

TELEPHONE:

DATE:

Parent / Legal Guardian / Caregiver (circle as appropriate) To sign if individual is under 18 years of age:

I am a parent (or guardian of the minor who has signed this release and consent and I hereby agree that I and the said minor will be bound by all the provisions contained herein.

NAME:

(Please Print)

(Signature)

(Date)