



MINOR FILM RELEASE FORM

I, _____, the parent or legal guardian of minor
_____, grant Freedom4U my permission for any video
submitted to the annual Freedom4U Film Contest, including those with my minors image, to
be used for any legal purpose, including but not limited to: publicity, copyright purposes,
illustration, advertising, and web content. Furthermore, I understand that no royalty, fee, or
other compensation shall become payable to me by reason of such use.

Parent/Guardian Signature: _____ Date: _____

Phone Number: _____

Send to: Freedom4U

email: admin@freedomcommunity.com

Fax: 310-378-3024

Mail: 336 Tejon Place, PVE, CA 90274

Phone: 800-501-9801