



**Siskiyou FilmFest
Youth Video Contest
ENTRY & RELEASE FORM**

Name of Entrant: _____ Date: _____

For Group Submissions- Names of others in group (no more than 3): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Birthday: _____ (mm/dd/yy) School/ Affiliation (if applicable): _____

Title of Video Submission: _____ Length (min:sec): _____

File Type and Size of Video: _____ File Name: _____

Video References and Citations (for copyright purposes): _____

Reason for Participation: _____

Future Goals: _____

In the space provided, please describe your video and its significance.

Release

Ownership and title to the work/video will remain with entrant subject to the licenses granted herein. The entrant grants to the Klamath-Siskiyou Wildlands Center and its subsidiaries, a non-exclusive, perpetual license to:

- Show the video at the Siskiyou FilmFest
- Use the video on its websites, in publications, in broadcasts, and in advertising materials, and
- Archive the video on its websites for future use.

Entrant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If applicant is under the age of 18)

Please Submit Entry Form to:
Siskiyou FilmFest
950 SW 6th St
Grants Pass, OR 97520

Questions Email: shane@kswild.org
541-476-6648

ENTRIES MUST BE RECEIVED BY January 9, 2012