



FILMN<sup>°</sup>RTH

## Student Appearance Release Form - FilmNorth Academy

I, \_\_\_\_\_, hereby release my  
(Student Name)  
image, likeness, and the sound of my voice, as recorded for use in a student film project at FilmNorth associated with the FilmNorth Academy course that I am attending. I agree that the footage may be used in whole or in part on FilmNorth's website and social media platforms to promote FilmNorth's Education Programs. I also release FilmNorth to distribute and submit for screenings and competitions the videos that I created and completed as part of the FilmNorth Academy course. I also hereby give my consent for FilmNorth to use my photograph and likeness in its publications, including its website, electronic newsletter, and social media platforms, to promote FilmNorth's Education Programs. I expressly release FilmNorth and associated filmmakers, your agents or representatives, or any such institution transmitting or exhibiting the program, from any claims arising from such use or distribution.

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(Student Signature)

(Date)

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(Parent or Guardian Signature - required  
for students under age 18)

(Date)