



APA Film Youth Workshop 2008
Liability Release Form

I, _____ hereby certify that I am the legal guardian for
(Parent/Guardian Name)

_____. On his/her behalf, I agree not to hold
(Student Name)

Asian Pacific American Film, Inc., its officers or assigns from any liability including, without limitation from libel, defamation, invasion of privacy, publicity, or personal injury arising out of the use of an portrait, picture, recording (audio or video) of the participant, or of any source or sequence in which the participant's likeness or such reference appears.

If you are willing to give your young person permission to participate in our program, under the above terms and conditions, please print and sign your name below. If you have any questions, please feel free to contact the APA Film, Inc. offices at 202-330-5496.

Please e-mail this form with your completed application to: jenny@apafilm.org

-OR-

Fax to: 831-299-6544

-OR-

Mail to:

2008 POV Workshop
c/o Jenny Kim
P.O. Box 58205
Washington, DC 20037

Applications must be postmarked by June 16.

Sincerely,
Jenny Kim and Mike Song
Co-Directors of Education Outreach

PARENT/GUARDIAN PERMISSION
(please print clearly)

Student Participant Name: _____

Address: _____

Phone Number: _____

Parent/Guardian Name: _____



9th Annual DC Asian Pacific American Film Festival
September 25 to October 4, 2008

PO Box 58205 Washington, DC 20037

www.apafilm.org

Parent/Guardian Signature: _____

Parent/Guardian Phone#: _____

Alternate Emergency Contact Name: _____

Alternate Emergency Contact Phone: _____