



APA Film Youth Workshop 2009
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: pov@apafilm.org

-OR-

Fax to: 831-299-6544

-OR-

Mail to:

Chris Tsou
Ventana Productions
1819 L Street NW, Suite 100
Washington DC 20036

Applications must be postmarked by June 15, 2009.

PARENT/GUARDIAN PERMISSION

(please print clearly)

Student Participant Name: _____

Address: _____

Phone Number: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Phone#: _____

Alternate Emergency Contact Name: _____

Alternate Emergency Contact Phone: _____