



SHORT SCRIPT SUBMISSION AND RELEASE FORMS
(PRINT THESE FORMS, INCLUDE WITH APPLICATION).

Please write clearly. Fax to (818)-688-3990.

Name: _____
Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____

Phone Number: _____
Email address: _____

Title of script: _____
Page length: _____
Genre of script: _____

Logline of script (one sentence description):

Synopsis of script: (up to 100 words)

How did you hear about us? _____

RELEASE FORM 2 of 2
(PRINT, SIGN AND SEND WITH APPLICATION)

- 1) I have read and fully understand the rules of the competition and request you read and evaluate the enclosed material, of which I am the sole author and have exclusive rights to submit to you under the terms stated herein.
- 2) I understand that MOVIE SCRIPT CONTEST and its affiliates receive many stories, ideas and literary materials and that many of these stories, ideas and material might be similar or identical to mine. While Movie Script Contest will not use my material, concepts or stories except in connection to the contest, it is standard industry practice to include this disclaimer and therefore I understand that I will not seek compensation or consideration because Movie script contest or its affiliates use of similar or identical concepts, ideas or similar stories. I attest that no confidential relationship has been established by submitting this material to you.
- 3) Awards and prizes are as per detailed on our website.
- 4) I agree to indemnify and hold harmless Movie Script Contest and its affiliates and anyone connected to this contest, against all demands, claims, losses, damages, costs, liability, judgments, and expenses (including attorney's fees) associated with submission to this competition.
- 5) I grant Movie Script Contest full, non-exclusive rights to use and publish my name, logline and synopsis for any and all promotional purposes if I win or become a finalist as deemed appropriate by Movie Script Contest. And even if I don't win or place in the contest, any communication from me to or about Movie Script Contest in any form or in any place may be used by Movie Script Contest for testimonial purposes.
- 6) I have retained at least one copy of the submitted material, and understand that the submitted copy will not be returned to me.
- 7) I understand that Judges decisions are final.
- 8) I have read and understand this agreement. No oral or written representation of any kind has been made to me and this agreement states our entire understanding.

SIGNATURE _____
PRINT FULL NAME _____
DATE: _____

If under 18, a parent or guardian must sign and date below: