## Gateway (IL) Chapter of the Links, Incorporated Film Festival 2025

## Parental Approval Student Signature: Date: \_\_\_\_\_ I agree to allow my child, \_\_\_\_\_ \_\_\_\_, to participate in the Gateway (IL) Chapter of the Links, Incorporated film festival. I understand it is his/her responsibility to abide by all the rules of the Film Festival. The Gateway (IL) Chapter of the Links, Incorporated retains the right to use photos and video/motion pictures from the entries submitted in this Film Festival without compensation to the entrant. I grant consent for my student's name, photograph, and works submitted through this Film Festival to be published by the Gateway (IL) Chapter of the Links, Incorporated. The Gateway (IL) Chapter of the Links, Incorporated reserves the right to post the winning videos on the chapter website and to use the videos to promote the event and future film festivals. Parent/Guardian Signature: Date: Parent Email:

Parent Cell Number: