

# The Cinematheque Video Project Release Form

I hereby grant to you, Pacific Cinémathèque Pacifique Society and their program participants, partners, and funders (collectively “The Producers”), the absolute right and permission to use and re-use, whole or in part, my name, voice, image, likeness, likeness of my property, music, artwork produced or provided for use during the course of this program, by or for The Producers and their program participants, facilitators, partners, or funders, or use in any and all media worldwide in perpetuity, for any and all legal purposes, including advertising or promotion, without payment or notice to me.

I further consent that The Producers are the non-exclusive owners of all intellectual property rights to the artwork produced during this program, the videos, and all film, footage, recordings, soundtracks, images and reproductive product (including any digital reproductions) arising out of the videos and artwork (the “Intellectual Property”), and I hereby unconditionally waive any and all personal and proprietary right, including all moral rights, that I may have in the Intellectual Property.

It is understood that any such materials (video, audio, film, or any other media) will be used only for the purpose of promoting the projects, programs, and program participants, at or for screenings, festivals, broadcast, online streaming and Video-on-Demand community programming, media education workshops, program promotions, events, and online distribution. It is also understood that any such materials will be used with the highest integrity and discretion, with the intent to communicate responsibly and ethically, the subject matter contained therein.

Participant name

First

Last

Pronouns

Ex: She/her, he/him, they/them, she/they, he/they

Project title

Phone

Email

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Participant's address

Address

City/Town

State/Province

?

ZIP/Postal Code

Participant's signature

Reset

Sign above

Is the participant under 19 years old?

? Yes

? No

If the participant is under 19, please have the participant's parent or guardian sign the form.

Your parent/guardian's name

First

Last

Parent or guardian's signature

Reset

Sign above

Date of signature

## Freedom of Information and Protection of Privacy Act Notice

The library is collecting your personal information in accordance with Section 26(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions, please contact us at 120 14th St. West, North Vancouver, BC, V7M 1N9, or [604-998-3495](tel:604-998-3495) or [privacy@nvcl.ca](mailto:privacy@nvcl.ca).

Security Check