

SYRACUSE INTERNATIONAL FILM FESTIVAL



**SYRACUSE INTERNATIONAL FILM FESTIVAL INC.,
SIFF's 20TH ANNIVERSARY HIGH SCHOOL FILM COMPETITION
Permission Form Waiver**

Parent/guardian's name:

Student filmmaker's name:

I give permission for my child to participate in the **SIFF 20TH ANNIVERSARY HIGH SCHOOL FILM COMPETITION** Division.

I understand that personal injury may occur to my child, and I hereby agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release SYRACUSE INTERNATIONAL FILM FESTIVAL, INC., its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of SYRACUSE INTERNATIONAL FILM FESTIVAL INC., properties visited on outing, other's personal property, or vehicles used for transportation.

I agree and consent to all of the above stated.

(Parent Signature)

(Date)

(Emergency Contact Name and Phone Number for the Day of the Trip)