



Confessions of a Teenage Critic Submission Form

Please return this form completed with a DVD copy of the film to:

VSA ARTS RHODE ISLAND
500 Prospect Street, Wing B
Pawtucket, RI 02860

Attn: Teenage Critic Digital Submission

(Please note it may take up to 6 weeks to view a new submission.)

CONTACT FOR SUBMISSIONS – Please Print Legibly

Name: _____ Age: _____ School: _____
 Home Address: _____
 City: _____ Zip: _____
 Tel: _____ Email: _____

Title of Film:

Date of Production*:
(*the year in which the film was completed)

Running Time: _____ Color Black and White
(not more than 5 minutes for story)

Classification: Short Fiction Documentary Animation
 Other (please specify briefly)

Please include a 1 to 2 minute filmed “Artist Statement” stating your name, a bit about why you did this story, what your art means to you and introduce us to what you are exploring, attempting, or challenging by doing this work.

Written Synopsis (less than 50 words):

Cast and crew

Please print clearly, names and position of all cast and crewmembers:

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Suitability of Work for Broadcast

VSA arts Rhode Island and the RI Arts Learning Network serves K-12 students, and their Confessions of a Teenage Critic offers a wide variety of cultural stories targeting diverse audiences throughout RI communities.

While VSA arts RI and the RI Arts Learning Network are committed to the protection of artistic freedom in the creation and presentation of art, this is not a private broadcast where the showing of any work would not be questioned.

We therefore ask that suitable discretion be exercised in the appropriateness of submission of work.

Conditions of Submission:

- DVD/video must be ready to play on a computer using Windows Media Player, Real Player, or Quick Time.
- VSA arts RI, the RIALN and Wutup Productions cannot guarantee that the film submitted will be shown as part of Confessions of a Teenage Critic or distributed as part of the RIALN Toolkit, as the selection committees will be the final arbiters.
- VSA arts RI, the RIALN and Wutup Productions cannot return submissions.
- Some of the information on this form may be used in various online and print publications. If you do not want any information you have included in this form made publicly available please contact us.

Questions may be directed to programs@vsartsri.org

Please include the subject line: **Teenage Critic Digital Submission**

I have read and understood these conditions

Name (please print)

Signature

Date

(If the person signing is under the age of 18, a parent or legal guardian must sign below)

I hereby certify that I am the parent or legal guardian of the talent named above and I give my consent without reservation to the foregoing on behalf of him or her.

Name (please print) _____

Signature: _____ Relationship to Student: _____

Contact Information: _____

Confessions of a Teenage Critic Submission Form TALENT/ARTISTIC RELEASE FORM

The undersigned enters into this agreement with Wutup Productions, VSA arts Rhode Island and the Rhode Island Arts Learning Network. I have been informed and understand that Wutup Productions is producing a videotape program for broadcast and that my name, likeness, image, voice, appearance, performance as well as artistic content produced is being recorded and made a part of "Confessions of a Teenage Critic" and The RIALN Toolkit Project: www.thinkartslifelearning.com

I grant Wutup Productions, VSA arts RI, RIALN and it's designees the right to use my name, image, likeness, voice, appearance, performance and art produced or embodied in this program whether recorded on or transferred to videotape, film, slides, photographs, audio tapes or other media now known or later developed. This includes without limitations the right to edit, mix or duplicate and to use or re-use the product in full or part as the producer may elect. Wutup Productions, VSA arts RI, RIALN or its designees shall have complete ownership of the product in which I appear, including copyright interests, and I acknowledge that I have no interest or ownership in the product or its copyright in the context of the "Confessions of A Teenage Critic" and the RIALN Toolkit project.

1. I also grant Wutup Productions, VSA arts RI, RIALN and its designees the right to broadcast, exhibit, market, sell and otherwise distribute the product, either in whole or part, and either alone or with other products for commercial or non commercial television or theater, closed circuit exhibition, home video distribution or any other purpose the Wutup Productions and VSA arts RI, RIALN or its designees in their sole discretion may determine. This grant includes the right to use the product for promoting or publicizing any of the uses as long as it is kept in the context of said program.

2. I confirm that I have the right to enter into this assignment that I am not restricted by any commitments to third parties, and that Wutup Productions, VSA arts RI, RIALN have no financial commitment or obligations to me as a result of the agreement. I hereby give all clearances, copyright and otherwise, for the use of my name, likeness, image, voice, appearance, performance and art produced or embodied in the product. I expressly release and indemnify Wutup Productions, VSA arts RI, RIALN and its officers, employees, agents, designees and associates from any and all claims known and unknown arising out of, or in any way connected with the above granted uses and representations. The rights are granted to Wutup Productions, VSA arts RI, and RIALN here in and are perpetual and world wide.

3. In consideration of all of the above, I hereby acknowledge receipt of reasonable fair consideration from Wutup Productions, VSA arts RI and RIALN.

I have read the foregoing and understand its terms and stipulations and agree to all of them:

Talent's Name (please print): _____ Date: _____

Talents Signature: _____ Contact: _____

If the person signing is under the age of 18, a parent or legal guardian must sign below

I hereby certify that I am the parent or legal guardian of the talent named above and I give my consent without reservation to the foregoing on behalf of him or her.

Name (please print) _____ Date: _____

Signature _____ Relationship to student: _____

Contact Information: _____