

CLEARANCE FORM

City of Edinburgh Schools Film Project (Edinburgh International Film Festival June 2008)

Dear Parent

In order to screen you child's film at the Edinburgh International Film Festival could we please ask you to read the Agreement Below and sign at the end with your childs name, School, and Class.

Clearance

I agree Clearance for my child (or children) to appear in the video produced at his/her school, and, if selected, to be screened at the Edinburgh International Film Festival June 2010, and any further Screenings organised by the City of Edinburgh Children and Families Dept.

I also give consent to any appearances in a documentary video which might be shot prior to the Screening, and screened alongside the School films selected for the Edinburgh Film Festival

Yours

_____ **Parent**

_____ **Child (Class _____: School _____)**

Please return to Class Teacher, or by post :

**Joel Venet,
Co-ordinator,
Pilton Video,
30 Ferry Rd Ave,
Edinburgh,
EH4 4BA**