



# 2009 Nevada Film Office Screenwriting Competition

Submissions: May 01, 2009 - August 30, 2009

## SUBMISSION RELEASE FORM

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Co-Author (if applicable): \_\_\_\_\_

Script Title: \_\_\_\_\_ Genre: \_\_\_\_\_

Logline: (one or two sentences describing the plot of your screenplay)

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Screenplay Competition? \_\_\_\_\_

Entry Fees: \$25 per PDF (electronic) submission postmarked between May 1- August 30, 2009  
\$50 per hardcopy submission postmarked between May 1- August 30, 2009

I / We have read and understand all of the rules for the Nevada Screenwriters Competition.

I / We warrant the submission is my/our original work and there are no disputes regarding the ownership of the submission.

I / We also warrant the submitted material does not defame or invade the rights of any person living or dead.

I / We fully indemnify the Nevada Screenwriting Competition and Nevada Film Office (NFO) against any claim made for such violations of law.

I / We grant permission for judges, competition staff and production companies/personnel to whom winning scripts may be submitted for consideration, to read my submitted script named above. I understand that should my script be chosen as the winning script, I am giving permission to the NFO to forward this script or a modified "clean" copy of same I may provide, to producers and/or production companies for their review and consideration. I specifically extend my permission to such recipient to read and review my script without obligation, and note that my script is appropriated protected by copyright and WGA registration. If such producers or production companies also require a separate release prior to reviewing my materials, I will evaluate those separate forms and choose whether to complete and submit them, acknowledging that failure to do so may preclude my script being considered or reviewed.

I / We understand that failure to adhere to the Screenwriters Competition rules will result in disqualification.

I / We agree to hold the Nevada Screenwriters Competition and the Nevada Film Office harmless from and defend them against all claims, demands, losses, costs, damages, judgments, liabilities and expenses (including attorneys fees) arising out of or in connection with any and all claims of third parties, whether or not groundless, based on any screenplay submitted to the Nevada Screenwriters Competition and Nevada Film Office or on any screenplay developed out of such submissions. To the best of my/our knowledge, all the statements herein are true and correct.

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY:

Script Id# \_\_\_\_\_

Date Rec'd \_\_\_\_\_

Payment \_\_\_\_\_

**METHOD OF PAYMENT / CONTACT INFORMATION**

Check       Money Order       Credit Card

**Please make Checks & Money Orders Payable to: CED/NFO and enclose with this form  
PLEASE REMIT TO NFO AT ADDRESS BELOW:**

Nevada Film Office  
555 E. Washington Ave. Suite 5400  
Las Vegas, NV 89101

**CREDIT CARD PAYMENT**

Commission On Economic Development / Nevada Film Office

**Billing Address:**

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Line 1: \_\_\_\_\_  
Street Line 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Mailing Address:**  (Check here if same as Billing Address)

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Line 1: \_\_\_\_\_  
Street Line 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Payment Details:**

\*Payment Amount: \_\_\_\_\_

**Payment Method:**

\*Name exactly as it appears on Credit Card: .....

\*Card Number: \_\_\_\_\_

\*Expiration Date: \*Month \_\_\_\_\_ \*Year \_\_\_\_\_

Corporate Card:  (Check here if this is a Commerical Credit Card)

\* Indicates Required Fields

Signature \_\_\_\_\_ By signing/completing this form, I authorize the above charges.