



P.O. Box 1745, Studio City, CA 91614
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REEL Recovery Film Festival Film Submission Application

Title: _____

Running Length: _____

Producer: _____

Director: _____

Written By: _____

Year Film Was Completed: _____

Previous Screenings/Festivals: _____

Contact Person: _____

Street Address: _____

City/State/Zip: _____

Telephone Number: _____

Email Address: _____

Website For The Film: _____

Description of Film: _____

By signing this form, I acknowledge that I understand the general rules for submission to the REEL Recovery Film Festival, and that I give W.I.T. my permission to screen this film at will. I understand that this DVD copy will not be returned. Submitting implies that Writers In Treatment has consent to screen your work at one or more REEL Recovery Film Festivals. **Please attach a one paragraph description of your film for possible use in our program.**

Date: _____

Signature: _____

Printed Name: _____

By submitting this film, I understand that I am agreeing to the following:

I own or control the copyright in and to, and am duly authorized to submit this documentary film to the REEL Recovery Film Festival and to the best of my knowledge, all statements on this document are true; This film contains no material which could result in tort claims, royalty claims, claims for breach of contract, or claims of any sort whatsoever;

If this documentary is selected for screening at REEL Recovery Film Festival , I grant REEL Recovery Film Festival the right to screen this film in any of it's locations;

I understand and agree that this film entry, if selected for the Festival, may be used for promotional purposes for the REEL Recovery Film Festival, and/or its partners and I grant REEL Recovery Film Festival and its partners the rights to use up to two minutes of footage, photographic stills and/or titles and information from the film for promotional purposes;

I fully indemnify and hold Writers In Treatment and its partners harmless from: a) damage to or loss of the film print or videotapes en route to or from REEL Recovery Film Festival or during the course of Writers In Treatment's possession of the entry; and b) from an claims which may arise in connection with this film. If a claim arises in connection with this film, I will bear all the costs of defense incurred by Writers In Treatment and pay any award of damages that may ensue. I also agree to reimburse Writers In Treatment for any attorney fees incurred in connection with the defense of such a claim.

I understand that REEL Recovery Film Festival reserves the right to place my film in the appropriate programming category and chose final competition films.

By signing this form, I am indicating that I understand, comply with and agree to the Terms of Entry and the eligibility requirements.