



[www.saveculture.org](http://www.saveculture.org)

**Mailing Address:**

P.O. Box 1066  
Flat Rock, NC 28731

◆ 828.692-8062

**Office:**

711B South Grove Street  
Hendersonville, NC 28792

## Student Oral History FILM Contest

### CONNECTING STUDENTS WITH ELDERS

Please fill out all areas of the form completely. Return with submission by either uploading it unto our website ([saveculture.org](http://saveculture.org)) or by mailing it with your flash drive, DVD or CD to:

**Center For Cultural Preservation**

P.O. Box 1066  
Flat Rock, NC 28731-1066

**PRIMARY CONTACT INFORMATION:**

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTRY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**FILM SPECS:**

TITLE OF FILM \_\_\_\_\_

FILMMAKER(s) \_\_\_\_\_

RUNNING TIME (min:sec) \_\_\_\_\_ MONTH/YEAR COMPLETED \_\_\_\_\_

**I HAVE ENCLOSED THE FOLLOWING ITEMS AND AGREE TO THE REGULATIONS OF THE APPLICATION:**

- COMPLETED/SIGNED ENTRY FORM \*  FLASH DRIVE/DVD/CD OF FILM  FILM DESCRIPTION (50 words or less)  
 DIRECTOR'S BIO

**READ AND SIGN THE FOLLOWING CERTIFICATION (no application will be accepted without filmmaker and guardian/parent signature):**

I/We have read all the **Student Oral History Film Contest** rules and guidelines. I/We understand and agreed to follow them and have complied with all these rules. I/We warrant the submission of my/our original work and there are no disputes regarding the ownership of my/our submission. I/We also warrant the submitted material does not defame or invade the rights of any person living or dead and I/we fully indemnify the Center for Cultural Preservation, its staff, board and volunteers against any claim made for such violations of law. To the best of my/our knowledge, all of the statements herein are true and correct.

I/We agree to hold the Center for Cultural Preservation, its staff, board and volunteers harmless from and defend them against all claims, demands, losses, damages, judgments, liabilities, and expenses (including attorney's fees) arising out of or in connection with any and all the claims of third parties, whether or not groundless, based on any film submitted to the **Student Oral History Film Contest**.

I/We declare that I/we hold or have obtained all necessary releases/permissions for all interviewees, images, and music, and any other previously copyrighted material. I/We give the **Center for Cultural Preservation** perpetual right to use the submitted film in any way necessary to promote the work of the Center, to exhibit online, at public screenings and in any other way including for publicity purposes for the **Student Oral History Film Contest**, and that the **Center for Cultural Preservation** has the right to use any or all of these materials for non-commercial use (publicity, promotion and graphics). Modification or waiver of any of the provisions of this agreement must be in writing and signed by myself/us and a representative of the **Center for Cultural Preservation**. This agreement is governed by the laws of the State of North Carolina, applicable to agreements made wholly to be performed therein.

\_\_\_\_\_  
(Agreement MUST be signed for application to be complete) Filmmaker

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Parent or Guardian Must sign if student under 18 years of age

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Parent/Guardian Phone Number