

AGENCY PRODUCER AGREEMENT (Registration Form)

I, ______, (hereafter know as Agency Producer)

hereby acknowledge that I am	over 18 years of age a	nd I am forming a	n own A	gency
team, to be known as, to participate i				e in a
public service announcement	(PSA) competition being	g produced by the	Rhode	Island
International Film Festival as t	he Flickers Creative Im	pulse Award's 7 D	AY PSA	for
Boston from April 10, 2017 thr	ough the 24th 2017.			
I have read, acknowledge and	agree to all the rules, r	egulations and re	ease of	
obligations for the 7 DAY PSA of	competition (available a	t www.rifilmfest.or	g). I und	derstand
that I will be entering into this	competition a finished F	PSA production for	the nor	n-profit
client organization that I have	randomly drawn, and w	ill transfer all right	s for my	/ Agency
team's entry to the 7 DAY PSA	competition without cor	mpensation. If sel	ected by	the
Client organization, the 7 DAY I	PSA will transfer broadd	cast, exhibition an	d new m	nedia
rights for the PSA to the Client	t organization without co	ompensation as p	er the 7 [DAY PSA
Client agreement. The Agency	Producer and Agency	team members re	tain the	right to
use of the unedited PSA in his	s/her demo real, and ma	ay not disseminate	the PS	A in any
way without written permissior	n of the 7 DAY PSA com	petition and the a	gency te	am's
client organization (the subject	t of the PSA).			
Name:				
Address:				
Signature:			/	_ /
Phone: () -	Email:	@		

FLICKERS Rhode Island International Film Festival 83 Park Street (5th Floor) Providence, RI 02903 www.rifilmfest.org 7DayPSA@film-festival.org