



MIRACLE MILE
5900 WILSHIRE, 26TH FL.
LOS ANGELES, CA 90036

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WWW.TRIDESTINED.COM

Tri Destined Studios/Organization Of Black Screenwriters Short Film Contest - Submission Form

Name of Writer: _____

Address: _____

Daytime Phone: _____ Email Address: _____

Title of Screenplay: _____ Genre: _____

Screenplay Logline: _____

This production opportunity is open to OBS writers, 18 yrs or older, meeting the following requirements:

- Screenplay must be original work of author
- Strong character based scripts (no Horror or Action genres)
- Screenplay must be no longer than 20 pages
- Must have no more than 5 locations
- Multiple entries are accepted (each entry must have a submission form with it)
- Scripts must be registered with WGA and/or have Copyright
- Scripts must be on plain white paper
- Scripts must be in industry format and bound with two or three brads.
- No substitutions of new drafts or corrected pages for script entries will be accepted under any circumstances
- A Tri Destined Studios Screenplay release form must be signed
- Scripts must be submitted to the Organization of Black Screenwriters, Golden State Mutual Life Insurance Bldg., 1999 West Adams Blvd., Rm. Mezzanine, Los Angeles, CA 90018 on or before the Deadline of February 27th 2009

I, the undersigned, acknowledge and agree as follows:

1. I have read, understood, and complied with all eligibility requirements.
2. To the best of my knowledge, all of the statements in this document are true.
3. This script is not subject to litigation and is not threaded by any litigation.
4. I hold Tri Destined Studios and the Organization of Black Screenwriters harmless from loss of any submitted materials.
5. If my screenplay is selected to be produced, I understand that there will be a long form agreement supplied by Tri Destined Studios and The Organization of Black Screenwriters that must be agreed upon by all parties in order to green light my screenplay for production.
6. I am duly authorized to submit this form to Tri Destined Studios and The Organization of Black Screenwriters.

Signature: _____ **Date:** _____



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TRI DESTINED STUDIOS
SCRIPT/ TREATMENT RELEASE FORM

DATE: _____ **FORM OF MATERIAL:** _____

TITLE: _____

PRINCIPAL CHARACTERS: _____

BRIEF SUMMARY OF THEME OR PLOT: _____

WGA REGISTRATION NO.: _____ **NO. OF PAGES:** _____

- 1. I request that you read and evaluate said material.**
- 2. I warrant that I am the sole owner and author of said material, that I have the exclusive right and authority to submit the same to you upon the terms and conditions stated herein; and that all of the important features of said material are summarized herein. I will indemnify you of and from any and all claims, loss or liability that may be asserted against you or incurred by you, at any time in connection with said material, or any use thereof.**
- 3. I agree that nothing in this agreement nor the fact of my submission of said material to you shall be deemed to place you in any different positions than anyone else to whom I have not submitted said material.**
- 4. I understand that as a general rule you consider literary properties through the established channels in the industry. I recognize that you have access to and/ or may create or have created literary materials and ideas that may be similar or identical to said material in theme, idea, plot, format, or other respects. I agree that I will not be entitled to any compensation because of the use by you or such similar or identical material which may have been independently created by you**



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or have come to you from any other independent source. I understand that no confidential relationship is established by my submitting the material to you hereunder.

5. I have retained at least one copy of said material, and I hereby release you of and from any and all liability for loss of, or damage to, the copies of said material submitted to you hereunder.

6. I enter into this agreement with the express understanding that you agree to read and evaluate said material in express reliance upon this agreement and my covenants, representatives and warranties contained herein, and that in the absence of such an agreement, you would not read and evaluate said material.

7. I hereby state that I have read and understand this agreement and that no oral representatives of any kind have been made to me, and that this agreement states our entire understanding with reference to the subject matter hereof.

Very truly yours,

_____	_____
Address	Signature
_____	_____
City and State	Print Name
_____	_____
Telephone Number	