

Submission Release Form

WGA Registration #: _____

No. of pages: _____

Title of screenplay: _____

To: Christopher Ortiz

- 1) I request that you read, evaluate, and provide analysis for the enclosed screenplay.
- 2) I warrant that I am the sole owner of said material and/or that I am its authorized representative. Further, I indemnify you of and from any and all claims that may be asserted against you, at any time, in connection with said material.
- 3) I understand that you have access to and/or may have created literary materials and ideas which may be similar or identical to said material. I agree that I will not be entitled to any compensation because of the use by you of such similar or identical material which may have been created by you.
- 4) I have retained one copy of said material, and hereby release you of any liability from the loss of, or damage to, the copies of said material submitted hereunder.
- 5) I enter this agreement with the express understanding that you agree to read, evaluate, and provide analysis for said material.
- 6) I state that I have read and understand this agreement and that no oral representatives of any kind have been made to me.
- 7) I understand that you reserve the right to refuse any submitted material.
- 8) I understand that you will maintain one copy of said material for your records.

Please mail your analysis and any additional material to:

I've included the following items with my submission:

- Digital file of the script in **Word** format (preferred), on CD-ROM. **-OR-** Seven hard copies of the script (8.5"x11", Courier, 12 point, 1.5" LeftMargin/ .5" RightMargin, 1/2" Top/Bottom, single-sided, 2 or 3 hole punched with brass brads).
- Treatment (hard copy and/or a digital file in Word/PDF format)
- Print and sign this Submission Release Form. (Your script must be registered with the WGA).
- A check payable to Christopher Ortiz for \$2,500 (Christian Blake is my pen name). If your script exceeds 100 pages, add \$35 per each additional page.
- Mail all of the above to: Christopher Ortiz, P.O. Box 166, Zephyr Cove, NV 89448

(signature required) _____ (date) _____ (print name) _____

Phone Number: _____

Email address: _____