Actor’s Release Form

I hereby expressly grant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the right to photograph me and use throughout the world in perpetuity my picture, silhouette, and any other reproductions of my physical likeness or recording of my voice, including but not limited to my speaking, singing, any sound effects produced by me on motion picture film, video tape, still photography, audio recording tape, and/or any other medium or media connected with or in conjunction with the production, project, and campaign for all use or usage including, but not limited to, theatrical, commercial, promotional, or any and all other media now or hereafter directly known or indirectly associated with said materials, including advertising and production in print, commercial, or trade promotion, along with all forms of after marketing, packaging, and promotion, and any future marketing such as videocassette, DVD, etc.

I expressly release you and your agents or representatives or any institution transmitting, selling, or exhibiting the said materials from any claims arising from my participation and inclusion in the material.

I agree to be fully responsible for my own participation in the production and hold you harmless from any liability, loss, or expense arising from the use of my voice and likeness in the production. I also consent to the use of my name, likeness and voice any material about me for promotional, publicity, or organizational purposes.

I hereby certify and represent that I have read the foregoing and fully understand that meaning and effect thereof and intend to be legally bound by it. I understand that I will be performing services from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ until you release me from the production.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am over the age of 18: Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *If under 18, the legal guardian must sign above, and Actor must sign below.*

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Witness Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_