

TALENT RELEASE FORM

I authorize the undersigned producer to make use of my appearance on:

VIDEO TITLE: _____

PRODUCER'S NAME: _____

DATE OF PRINCIPAL PHOTOGRAPHY: _____

The Producer(s) shall have complete ownership of the program. I give the Producer(s) the right to use my name, likeness and biographical material to publicize the program and the services of the Producer.

The Producer may:

1. Photograph, recording my voice and likeness for the purpose of the production mentioned above, whether by film, videotape, magnetic tape, digitally, photography or otherwise.
2. Make copies of the photographs and recordings so made.
3. Use my name and likeness for the purposes of education, promotion or advertising of the sale or trading in the photographs, recordings and any copies so made.
4. I do not have first right or refusal of photographs or my recorded voice and likeness for the purposes of the production mentioned above, whether by film, videotape, magnetic tape, digitally, photography or otherwise.

I further understand the master tape remains the property of the Producer(s) and that there will be no restrictions on the number of times that my name and likeness may be used.

Name (please print) _____ Date: _____

Address _____

City _____ State _____ Zip Code _____

Email Address: _____

Talent Signature (Parent or Guardian if under 18 years of age)

_____ Date: _____