

Actor Release Form

To Whom It May Concern:

I (the undersigned) hereby grant to _____ the right to photograph me and to record my voice, performances, poses, actions, plays and appearances, and use my picture, photograph, silhouette and other reproductions of my physical likeness in connection with the motion picture tentatively entitled _____.

I hereby grant to _____, their successors, assigns and licensees the perpetual right to use, as you may desire, all still and motion pictures and sound track recordings and records which you may make of me or of my voice, and the right to use my name or likeness in or in connection with the exhibition, advertising, exploiting and/or publicizing of the picture. I further grant the right to reproduce in any manner whatsoever any recordings including all instrumental, musical, or other sound effects produced by me, in connection with the production and/or postproduction of the Picture.

I agree that I will not assert or maintain against _____, your successors, assigns and licensees, any claim, action, suit or demand of any kind or nature whatsoever, including but not limited to those grounded upon invasion of privacy, rights of publicity or other civil rights, or for any reason in connection with your authorized use of my physical likeness and sound in the Picture as herein provided.

I hereby certify and represent that I have read the foregoing and fully understand the meaning and effect thereof. I represent that I am at least 18 years of age, and that if I under 18 my parent or legal guardian has signed below

Agreed and Accepted:

Printed Name: _____ Date: _____

Signature: _____

Phone: _____ Email: _____

Address: _____

If Signatory is under 18:

I represent and warrant that I am the parent or guardian of the minor whose name appears above, that I have read and approve of the foregoing Release, and consent to its execution by my child/ward. I hereby release the Released Parties as set forth and in accordance with the foregoing Release from any claims and/or causes of action I may have against them of any nature whatsoever. I hereby fully and unconditionally guarantee my child's/ward's releases and waivers as set forth above.

Printed Name: _____ Date: _____

Signature of Parent or Guardian: _____

Phone: _____ Email: _____

Address: _____