## **TALENT RELEASE FORM**

PRODUCER				
PRODUCER ADDRESS - STREET	CITY /	STATE / Z	IP	
I,(Name of person in the production)	hereby	assign riç	ghts to th	ne videotape and
the content within the audio and video recording	s made of me _	Date	at	Location
by	, to the Videogra	apher and	I to his/h	ner agents,
principals, representatives and assigns. I also on to use this recording of my name, likeness, port about me for educational, organizational, program copyright, exhibition, broadcast and/or distribution compensation.	rait or pictures, vilm or series pub	voice and licity and	biograp any rep	hical material roduction,
I further agree that my participation in the produ or copyright of the whole or part of any materials I release the Producer, the Producer's employed arise from any and all claims by me or any third program(s).	s created as par es, agents, and	t of the prassigns fr	ocess o	o use, ownership f this production. ability that may
I hereby waive any right that I may have to insper products or the editorial, advertising, or printed of connection therewith and any right that I may ha products, copy and/or soundtrack may be applied	copy or soundtra	ack that m	nay be u	roduct or sed in id product,
Any special considerations by the talent sha and the producer. (If additional space is required, not "Attachment A – Special Considerations", provide signature acknowledgement.)	e in space below ar	nd provide a	ttachment	and label
I certify that I am eighteen (18) years or older.	Talent Signature			date

I am under age eighteen (18).		
	Parent / Legal Guardian of Talent Signature	date