

TALENT RELEASE FORM

I, the undersigned "Actor," authorize the Producer to make use of my appearance on:

PROGRAM TITLE: _____ ("Program")

PRODUCER'S NAME: _____ ("Producer")

PRODUCER'S PHONE NUMBER: _____

DATE OF RECORDING: _____

I understand that I am to receive no compensation for this appearance. The Producer shall have complete ownership of the Program. I give the Producer the right to use my name, likeness and biographical material to publicize the Program and the services of the Producer.

I hereby authorize Producer to:

1. Create audio and visual images of me, my voice, and likeness (the "Recordings") for the purpose of the Program mentioned above, whether by film, videotape, magnetic tape, digitally or otherwise;
2. Edit, modify, create derivative works from, publish, reproduce, exhibit or distribute in any medium and via any method (including, without limitation, photos, print publications, video tapes, CD-ROM, email, Internet/WWW, social networking sites) these Recordings in connection with the Program, including promotional or advertising efforts; and
3. Use my name and likeness for the purposes of education, promotion or advertising of the sale or trading in the photographs, recordings, or the Program.

I further understand the Recordings, in whatever medium, shall remain the property of the Producer. I agree that the Program may be edited and otherwise altered at the sole discretion of the Producer and used in whole or in part for any and all broadcasting, non-broadcasting, audio/visual, and/or exhibition purposes in any manner or media, in perpetuity, throughout the world. I understand that there will be no restrictions on the number of times that my name and likeness may be used in connection with the Recordings or Program. I release the Producer from liability for any violation of any personal or proprietary right I may have in connection with the use of the Recordings.

AGREED:

Date: _____

Actor's Name (please print) _____

Address _____

03.25.2019

NOTE: This sample document is for informational and educational purposes for students in the Temple University Department of Film and Media Arts, and does not constitute the provision of legal or other professional advice. You should seek counsel from an attorney licensed in your state before relying on or using any sample agreement or template so that the document may be adapted to your specific circumstances and needs.

City _____ State _____ Zip Code _____

Email: _-----_

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

_____ Date: _____

Producers Name: _____ Signature: _____

03.25.2019

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