

SHOOTOFF VIDEO WORKSHOP

TALENT & INTERVIEW RELEASE FORM

Shoot: _____

Notes: _____

AUTHORIZATION TO REPRODUCE PHYSICAL LIKENESS AND TO USE TALENT AND SERVICES RELEASE

For value received, I agree and consent that (producer/company) _____ and his/her company nominees and assigns may use any motion picture, video, still photo, or voice recordings taken of me on (date) _____ or any reproduction thereof, in any form, style, or color, together with any writing and/or other advertising and/or publicity material in connection therewith, including the use of my name as they may select.

I understand that my talents and/or services and any related advertising and publicity materials are to be used in connection with the project: _____ .

This consent is given by me without limitations upon any use for projection, playback, reprints, rerun, broadcast, telecast or publication of every kind, including the advertising and publicity connected therewith. I also agree that the originals and copies therefrom shall be and remain the exclusive property of (producer/company) _____ or it's nominees and assigns.

I am over (18) years of age. (Note: If subject is under 18, a parent or guardian must sign this release on behalf of the minor.)

***SIGNATURE** (Parent if under age 18) : _____

***PRINT NAME** : _____

***EMAIL** : _____

ADDRESS : _____

PHONE #(s) : _____

***DATE** : _____

(* Required Fields)