

ACTOR RELEASE

I (the undersigned) do hereby confirm the consent heretofore given you with respect to your photographing me in connection with your motion picture/video:

Title _____

Production Number _____

and I hereby grant to you, your successors, assigns and licensees the perpetual right to use, as you may desire, all video, 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, exploitation or any other use of such motion picture or recording.

I also understand that it takes a significant amount of time to complete a film/television – and in some cases student films are abandoned and not completed at all. If the student filmmaker has promised footage of the film I agree to allow a reasonable amount of time to elapse after the performance for completion (i.e. six months).

- I am over eighteen years of age
- I am a member of the Screen Actor's Guild

Signature _____

Name (**print**) _____

Address _____

Phone Number _____

Character Name _____

Student Filmmaker _____ Phone _____

CTVA Class _____ Date _____