

ACTOR RELEASE FORM

To Whom It May Concern:

I (the undersigned) hereby grant to _____ (“the Filmmaker”, Production Student) the right to photograph my minor child and to record his/her voice, performances, poses, actions, plays and appearances, and use his/her picture, photograph, silhouette and other reproductions of his/her physical likeness in connection with the student motion picture tentatively entitled _____ (the “Picture”).

I hereby grant to the Filmmaker and his or her successors, assigns and licensees the perpetual right to use, as the Filmmaker may desire, all still and motion pictures and sound track recordings and records which the Filmmaker may make of said minor or of said minor’s voice, and the right to use said minor’s 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 said minor, in connection with the production and/or postproduction of the Picture.

I agree that I will not assert or maintain against the Filmmaker or his or her 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 the Filmmaker’s authorized use of said minor’s physical likeness and sound in the Picture as herein provided.

By my signature here as legal guardian of said minor I understand that I will, to the best of my ability, adhere to the schedule agreed to prior to the beginning of my engagement. Additionally, I agree, to the best of my ability, to make said minor available should it be necessary, to rerecord voice and/or record voice-overs and otherwise perform any necessary sound work required after the end of filming. Should he/she not be able to perform such sound work, I understand that the Filmmaker may enter into agreement with another person to rerecord dialogue and/or record voice-overs and use this sound work over said minor’s picture or however they deem appropriate.

I hereby certify and represent that I am over 18 years of age and I am recognized by the State of Texas as the legal guardian of _____. I have read the foregoing and fully understand the meaning and effect thereof.

Name: _____ Character Name: _____

Address: _____ Telephone: _____

ACCEPTED AND AGREED BY:

Signature: _____ Date: _____

Filmmaker Signature: _____ Date: _____
(Production Student)