

Producer's Name/Company: _____
Address: _____
Address: _____
Contact Information: _____

Release and Consent to be Recorded

I hereby submit my consent to _____ to make a videotape/film/digital recording(s) of me and to distribute and/or exhibit all or any part thereof by any media, throughout the universe, without restriction, in perpetuity.

I agree that I will not be entitled to any at any time with respect to any such videotape/film/digital recording(s), and/or playback(s).

Project: _____

Date(s) of Recording: _____

AGREED:

SIGNATURE and DATE

NAME (Please Print)

ADDRESS CITY, STATE, ZIP

PHONE, EMAIL (one is required)

Note: For persons under 18 years of age, the parent or legal guardian hereby agrees to the terms indicated above, with respect to the above-mentioned individual.

SIGNATURE (Parent or Legal Guardian) and DATE

GUARDIAN'S NAME (Please Print)

GUARDIAN'S ADDRESS, CITY, STATE, ZIP

PHONE, EMAIL (one is required)