

APPENDIX 1: TALENT RELEASE FORM

I _____ (actor / participant), do hereby confirm the consent given to _____ (filmmaker) with respect to photographing, video recording, filming, and / or audio recording me in connection with the production entitled _____ (production name) .

I hereby grant the perpetual right to use all recordings made of me and / or my voice, and the right to use my name or likeness in or in connection with the exhibition, advertising or promotion of this production.

I am 18 years or over Yes No

Actor/Participant: _____

Character's Name: _____

Address: _____

Telephone: _____

E-Mail: _____

Signature: _____

Filmmaker: _____

Filmmaker's signature: _____



EYE WEEKLY