

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:

Production Title _____

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 – and in some cases student films are abandoned and not completed at all. If the student filmmaker has promised a tape 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 Actors Guild

Signature

Name (**print**) _____

Address

Phone Number _____

Character Name _____

Student Filmmaker _____ Phone

SFTV Class _____ Date _____

PLEASE SEE ATTACHED ADDENDUM A