

Personal Release Form

Production Title: _____

Production Date(s): _____

Production Location: _____

1) I, the undersigned, hereby authorize _____, (herein to be referred to as Producer), their employees, agents and heirs, to photograph me, take motion pictures of me, take videotapes of me, and /or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).

2) I authorize Producer to the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to commercial, educational and other public media as may be deemed appropriate by Producer (I understand that I may be identifiable from such photographic or electronic reproductions.)

Agreed and accepted by:

Print Name: _____

Street Address: _____ City/State/ZIP _____

Phone: _____ Email: _____

Signature: _____ Date: ____/____/____

Parental Signature: (for minor applicants)

_____ Date: ____/____/____

I am signing this form as an individual yes no

I sign this form as a representative of a group yes no

Name of the group: _____