

# Film Actor Talent Release Form

I, the undersigned, do hereby give permission to the producers of the film described below to photograph, record, and use my image, voice, and performance in connection with the production and promotion of the below-named project.

Actor Name

Film/Project Title

Producer Name

Production Company

Description of Project / Role

I acknowledge that all rights to the footage and use of my likeness belong to the filmmakers, and I waive any right to inspect or approve the finished product. I also release and hold harmless the producers from any claims, demands, or causes of action that I may have by reason of this authorization.

Actor Address

Actor Phone

Actor Email

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

# Parent/Guardian Consent (If Under 18)

Parent/Guardian Name

Relationship to Actor

Signature

\_\_\_\_\_

Date

\_\_\_\_\_