

Video/Photo Release Form

Person Filming/Shooting: _____

Video/Photo Title: _____ Production Date: ____/____/____

Production Location: _____

I authorize the Person Filming to record and edit into his/her Video/Photograph and related materials my name, likeness, image, voice, interview, and performance. The Person Filming may use and authorize others to use all or parts of the Video or Photograph. The Person Filming shall own all right, title, and interest in and to the Video or Photograph, including the recordings, to be used and disposed of without limitation as the Person Filming shall in sole discretion determine.

Note: *Persons appearing under the age of 18 must also have a parent/guardian sign the form in the designated area, indicating that he or she is a parent/guardian of the signed minor and also agrees to the terms presented above.*

Name (above 18)	Address	Signature	Date
_____	_____	x _____	__/__/__
_____	_____	x _____	__/__/__
_____	_____	x _____	__/__/__
_____	_____	x _____	__/__/__
_____	_____	x _____	__/__/__
_____	_____	x _____	__/__/__
_____	_____	x _____	__/__/__
_____	_____	x _____	__/__/__

Minors

Minor _____	_____	x _____	__/__/__
Guardian _____	_____	x _____	__/__/__
Minor _____	_____	x _____	__/__/__
Guardian _____	_____	x _____	__/__/__
Minor _____	_____	x _____	__/__/__
Guardian _____	_____	x _____	__/__/__