

TALENT RELEASE FORM

I hereby assign the rights to the video recording(s), audio recording(s), motion picture filming, photograph(s), made of me this date _____, by [DIRECTOR'S NAME] here after referred to as the recordist/cinematographer/photographer.

And I hereby authorize the editing, re-recording, duplication, reproduction, copyright, sale, exhibition, broadcast and/or distribution of said recording(s), film (s), photograph(s) for the purpose of

_____.

I hereby waive any right to inspect or approve the finished video recording(s), audio recording(s), film(s), soundtrack(s), photograph(s), or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied.

I understand that participation in this project is voluntary and that I may at anytime discontinue my involvement.

I understand that the recordist/cinematographer/photographer can see no risk presently, and that I take full responsibility for my involvement in this project and the risks that it may entail (be they legal, physical, or mental).

My name may be kept confidential and not associated in any way with the finished recording(s), film(s), photograph(s), or printed material(s) if I so choose.

Check here if you wish to remain anonymous _____

I hereby certify that I am over eighteen years of age and am competent to contract in my own name insofar as the above is concerned. If I am under eighteen years of age my parents have read this document and have given their consent by signing below.

I am compensated as follows:

(no compensation for project airing on PRTV, www.pinerichland.com, during a PRSD event, or a non-profit film festival)_____.

I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

signature (if under 18 years of age - parent's signature)

print or type name

date