

Talent/Actor Release Form

I, _____, attest that I am a ___ SAG actor ___ non-union actor appearing in _____ (*Title of film*).

I agree to the following as conditions of my appearance:

1. _____ (*Production Company*) has the rights to use my performance, voice, likeness, image, etc. as it pertains to _____ (*Title of film*) and any related materials, such as publicity, marketing, etc. in any capacity. This includes distribution, promotion, exhibition, etc.
2. As compensation for my performance/appearance in _____ (*Title of film*), I have received _____ (*Description of payment for appearance/performance*) from _____ (*Production Company*).
3. I will not make any claims, suits, actions, demands, etc. against _____ (*Production Company*) or any of its representatives for anything related to the use of my performance, voice, likeness, image, etc.
4. I, _____ (*Name*), grant permission for use of my voice, likeness, and appearance for the film _____ (*Title of Film*), for any promotion, production, and exhibition of the Film.
5. I understand that nothing requires the Producer, _____ (*Producer's name*) to use me in the film/television show/etc.
6. I understand also that any and all proceeds from the film are the property of the _____ (*Production Company*).
7. I also understand that my physical safety and personal property are my responsibility, and I will not hold liable _____ (*Production Company*), or the Producer for any injury or loss.
8. I agree that the name signed is the name to be used in the film's credits.
9. I agree that I understand the terms in the document.

Actor Name

Actor Signature

Date

Producer Name

Producer Signature

Date

Print Parent/Guardian Names
(if under 18)

Parent/Guardian's Signature
(if under 18)

Date

Address: _____ State _____ Zip _____ Phone:) (_____