

Documentary Talent Release Form

I, **[Insert Talent Full Name]**, consent to be filmed, photographed, or recorded by **[Insert Production Company Name]** for the project titled **[Insert Documentary Title]**.

Details of Use:

- **Purpose:** Inclusion in **[Insert Project Details, e.g., a feature documentary, TV series]**
- **Media Distribution (TV, Streaming, etc.):** _____
- **Duration of Use:** _____

Talent Information:

- **Full Name:** _____
- **Contact Information:** _____
- **Address:** _____

Compensation (if applicable):

- **Amount:** _____
- **Payment Terms:** _____

By signing, I waive the right to review or approve the final product and release **[Insert Production Company Name]** from all claims related to the project.

Talent Signature: _____

Date: _____

Representative Signature: _____

Date: _____