**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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_