

Sample Actor Release Form

I, _____, hereby authorize

_____ to use my photograph, performances, plays, actions

and appearances in connection with the video production titled: _____

I grant the right to use all the recordings you make of me and my voice and the right to use my name in connection with this video production. I release the producer from any lawsuits, actions or demands whatsoever in connection with using my likeness and voice in this production.

I certify that I am 18 years of age or older* and fully understand the meaning and intent of this contract.

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____

Signature: _____

Date: _____

Witness: _____

**If under the age of 18, this form needs to be completed by parent or legal guardian.*