

BLACK GIRLS FILM MP

ACTING/TALENT RELEASE FORM

I authorize _____ (“ Teen Director”), of the 2023 Black Girls Film Camp to make use of my appearance on, or in, the following film project (the “Film Project”):

FILM PROJECT TITLE: _____

DATE(S) OF FILM PROJECT (Recording/Filming): _____

I understand that I am to receive no compensation for this film project. The Teen Director shall have complete ownership of all content therein. I give the Teen Director the right to use my name, voice, image, likeness, and biographical material to publicize the film project and the services of the Teen Director along with the Black Girls Film Camp.

I hereby agree that the Teen Director shall have the right to:

1. Record my image, voice, and/or likeness for the purpose of the production mentioned above, whether by film, videotape, magnetic tape, digitally, or otherwise.
2. Modify or edit such recordings without my consent.
3. Copy, reproduce, publish, and distribute without restriction such recordings, worldwide and in any and all media, now existing or hereinafter created.
4. Use my name and likeness for the purposes of education, promotion, or advertising of the film project and any copies so made.

I further understand the master recordings remain the property of the Teen Director and that there will be no restrictions on the number of times that my name and likeness may be used for the film project.

Name (please print) _____

Phone Number _____

Address: _____

Signature _____ Date: _____