



# TALENT RELEASE FORM

**I hereby authorize the undersigned Producer to make use of my talent on:**

Program Title: \_\_\_\_\_

Producer's Name: \_\_\_\_\_

Producer's Phone Number: \_\_\_\_\_

Date Of Taping: \_\_\_\_\_

I understand that I am to receive no compensation for this appearance. The Producer shall have complete ownership of the program. I give the Producer the right to use my name, likeness and biographical material to publicize the program and the services of the Producer.

**The Producer may:**

1. Utilize me and record my voice and likeness for the purpose of the production mentioned above, whether on film, videotape, magnetic tape, digitally or otherwise;
2. Make copies of the program and recordings, so made;
3. Use my name and likeness for the purposes of education, promotion or advertising of the sale or trading in the photographs, recordings and any copies so made.

I further understand the master tape remains the property of the Producer and that there will be no restrictions on the number of times that my name and likeness may be used.

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Talent Signature ( Parent or Guardian if under 18 years of age )

\_\_\_\_\_ Date: \_\_\_\_\_