



TALENT & CREW RELEASE FORM

Team Name: _____ Team Leader: _____

Film Name: _____ Production Date: _____

Talent/Crew Member authorizes, as part of Production, Producer and Silver State Storytellers to:

1. Photograph Talent and record his/her voice and likeness for the purpose of Production, whether by film, videotape, magnetic tape, digitally or otherwise;
2. Make copies of the photographs and recordings so made;
3. Use Talent's 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.

Talent understands the master tape remains the property of the Producer and, unless otherwise stated, that there will be no restrictions on the number of times that Talent's name and likeness may be used.

Talent understands the terms described in this contract. He/she is over 18 years of age and has the authority to sign this contract and grant Producer the rights given under this contract.

If Talent is a minor under the laws of the state where his/her appearance is recorded.

Talent/Crew Member Name: _____

Email: _____ Phone Number: _____

Actor Crew Role/Position: _____

Birthdate: _____ Signature: _____

Parent or Guardian Signature if Talent is under 18 years of age.

Talent/Crew Member Name: _____

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Actor Crew Role/Position: _____

Birthdate: _____ Signature: _____

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