

ACTOR RELEASE

I (the undersigned) do hereby confirm the consent heretofore given you with respect to your photographing me in connection with your motion picture/video:

Title:

And I hereby grant to you, your successors, assigns and licensees the perpetual right to use, as you may desire, all video, still and motion pictures, all media, and sound track recordings and records which you may make of me or of my voice, and the right to use my name or likeness in or in connection with the exhibition, advertising, exploitation or any other use of such motion picture or recording.

I also understand that it takes a significant amount of time to complete a film. If the filmmaker has promised a tape of the film, I agree to allow a reasonable amount of time to elapse after the performance for the completion (i.e. six months). I agree that should the film not be completed, I will take no action against _____ or the filmmakers.

- I am over 18 years of age.
- I am a member of the Screen Actor's Guild.

Signature _____

Name (Print) _____

Home Address _____

Phone Number _____ **Date** _____

Character _____

Producer Signature _____

~ Odyssey Motion Pictures ~

Reprinted from www.odysseymotionpictures.com

Odyssey Motion Pictures claims no liability or endorsement of any production utilizing this form.