

PERSONAL RELEASE FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

E-mail Address: _____

Starting Date: _____

Contemplated Ending Date: _____

Payment (if applicable): _____

Tentative Title of Film: _____

Name of Filmmaker: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail Address: _____

Producer: _____

For good and valuable consideration received, the sufficiency of which is hereby acknowledged, I,

(print full name), hereby irrevocably grant to

_____ (insert name of filmmaker),
its subsidiaries, affiliates, nominees, licensees, their successors and assigns, and those acting with its
authority (hereinafter collectively referred to as "Filmmaker"), with respect to the photographs, film,
video, recordings or tape taken of me by or on behalf of Filmmaker (the "Materials"), the unrestricted
absolute, perpetual, worldwide right to:

(a) Reproduce, copy, modify, create derivatives in whole or in part, or otherwise use the Materials or
any part thereof in combination with or as a composite of other matter, including, but not limited to, text,
data, images, photographs, illustrations, animation and graphics, video or audio segments of any nature,
in any media or embodiment, now known or hereafter to become known, including, but not limited to, all
formats of computer readable electronic magnetic, digital laser or optical-based media (the "Works") for
any purpose whatsoever, and

(b) Use and permit to be used my name, whether in original or modified form, in connection with the
Works as Filmmaker may choose, and

(c) Display, perform, exhibit, distribute, transmit or broadcast the Works by any means now known or
hereafter to become known.

I hereby waive all rights and release and discharge Filmmaker from, and shall neither sue nor bring any
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proceeding against any such parties for, any claim, demand or cause of action whether now known or unknown, for defamation, invasion of right to privacy, publicity or personality or any similar matter, or based upon or relating to the use and exploitation of the Materials.

I agree that there shall be no obligation to utilize the authorization granted by me hereunder. The terms of this authorization shall commence on the date hereof and be without limitation.

Signature

Date

If Signatory is under 18:

I represent and warrant that I am the parent or legal guardian of the minor whose name appears above, that I have read and approve of the foregoing Agreement, and consent to its execution by my child/ward.

Signature of Parent or Guardian

Printed Name

Date