



LIMELIGHT LOCAL FILM FEST ACTOR RELEASE FORM 2019



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

Film Title: _____

Film Maker(s): _____

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 and sound track recordings 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 or any other use of such motion picture or recording.

I hereby give my permission to the Limelight Local Film Fest and Oswegoland Park District to use and reproduce the video footage, photographs, or voice recordings of this film for promotional purposes. I hereby waive any right that I may have to inspect or approve the finished video product that may be used in connection herein.

I have read this release carefully and fully understand its content and voluntarily agree to its terms as indicated by my signature below.

Character Name in Film: _____

Actor Name (Print) _____

Actor Signature _____

Date _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Date _____

Questions? Email Cori at cveverka@oswegolandpd.org or call 630.554.4433.