



Queen Alexandra Road, High Wycombe, Bucks HP11 2JZ 01494 522141

Production Name	
Module	

ACTOR RELEASE FORM

To Whom It May Concern:

I (the undersigned) hereby grant to Bucks New University the right to photograph me and to record my voice, performances, poses, actions, plays and appearances, and use my picture, photograph, silhouette and other reproductions of my physical likeness in connection with the student motion picture tentatively entitled

..... (the Picture)

I hereby grant to Bucks New University, it's successors, assigns and licensees the perpetual right to use, as you may desire, all still and motion pictures 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, exploiting and/or publicizing of the picture. I further grant the right to reproduce in any manner whatsoever any recordings including all instrumental, musical, or other sound effects produced by me, in connection with the production and/or postproduction of the Picture.

I agree that I will not assert or maintain against Bucks new University, your successors, assigns and licensees, any claim, action, suit or demand of any kind or nature whatsoever, including but not limited to those grounded upon invasion of privacy, rights of publicity or other civil rights, or for any reason in connection with your authorized use of my physical likeness and sound in the Picture as herein provided.

By my signature here I understand that I will, to the best of my ability, adhere to the schedule agreed to prior to the beginning of my engagement. Additionally, I agree, to the best of my ability, to make myself available should it be necessary, to rerecord my voice and/or record voice-overs and otherwise perform any necessary sound work required after the end of filming. Should I not be able to perform such sound work, I understand that Bucks new University may enter into agreement with another person to rerecord my dialogue and/or record voice-overs and use this sound work over my picture or however they deem appropriate.

I further acknowledge and agree that any commitments beyond the scope and intent of this release are the sole responsibility of the above named production, or it's duly appointed representative(s) and NOT Bucks New University.

I hereby certify and represent that I am over 18 years of age and have read the foregoing and fully understand the meaning and effect thereof.

Signature:		Date:	
Name:			
Address:			
Telephone:		Character Name:	

Student Casting:		Telephone:	
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