

ACTOR RELEASE FORM

Course Number and Name: _____

Production Title: _____ Prod. # _____

Producer: _____ Director: _____

To Whom It May Concern:

I (the undersigned) hereby grant to the University of North Carolina School of the Arts 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 the UNC School of the Arts, its 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 the UNC School of the Arts, 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 the UNC School of the Arts 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 its duly appointed representative(s) and NOT the UNC School of the Arts, School of Filmmaking.

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.

Name: _____

Address: _____

Telephone: _____

Signature: _____ Date: _____

Character Name: _____

Head of Production Signature_____
Date_____
Assistant Dean of Production Signature_____
Date