

Actor Release Form

I, _____, attest that I am a ___SAG actor ___non-union actor appearing in _____. I agree to the following as conditions of my appearance:

1. _____ has the rights to use my performance, voice, likeness, image, etc. as it pertains to _____ and any related materials, such as publicity, marketing, etc. in any capacity. This includes distribution, promotion, exhibition, etc.
2. As compensation for my performance/appearance in _____, I have received _____ from _____.
3. I will not make any claims, suits, actions, demands, etc. against _____ or any of its representatives for anything related to the use of my performance, voice, likeness, image, etc.

Actor Name

Actor Signature

Date:

Producer Name

Producer Signature

Date: