



McMASTER 24 HOUR
FILM FEST 2017

TALENT RELEASE FORM



To be completed by talent (parent / guardian if under 18), and team leader.

I (the undersigned) hereby grant to _____ (TEAM LEADER) 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 MCMASTER 24 HOUR FILM FEST motion picture tentatively entitled: _____ (the "Picture").

I hereby grant to _____ (TEAM LEADER), their 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 _____ (TEAM LEADER), 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.

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 McMaster University, the McMaster 24 Hour Film Festival, Lyons New Media Centre, Mills Library, nor any of the festival sponsors or affiliated parties.

I hereby certify and represent that I have read the foregoing and fully understand and agree to the meaning and effect thereof.

Printed name of talent: _____

Signature of talent: _____ Date: _____

Name of parent or legal guardian (if under 18 years of age): _____

Signature of parent or legal guardian: _____ Date: _____

Talent Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

Email: _____