



ACTOR RELEASE FORM

To Whom It May Concern:

I (the undersigned) hereby grant to SOUTHERN OREGON UNIVERSITY (“SOU”) and _____ (“the Filmmaker”) the right to to record my voice and to film, video and/or photograph me and my likeness, performances, poses, actions, plays and appearances, and use my voice, picture, photograph, silhouette and other reproductions of my physical likeness in connection with the student film or digital media project tentatively entitled _____ (the “Project”).

I hereby grant to SOU, the Filmmaker, their successors, assigns and licensees the perpetual right to use, as they may desire, my name, voice, image, likeness, and any and all attributes of my personality, in, on or in connection with any film, audio tape, video tape, audio-visual work, photograph, digital media, online media, illustration, animation, or broadcast, in any media or embodiment, now known or unknown, including, without limitation, all formats of computer readable media or online media or forums, produced by or for the benefit of SOU and the Filmmaker. I further grant the right to use my name or likeness in or in connection with the exhibition, advertising, exploiting and/or publicizing of the Project. 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 Project.

I agree that I will not assert or maintain against SOU, the Filmmaker, or their 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 the use of my physical likeness and sound in the Project 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 SOU and the Filmmaker 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 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: _____

(signature of parent, or legal guardian signature if actor is under 18 years)

Minor Child Name : _____

Parent / Guardian Name : _____

Parent / Guardian Signature : _____

Address : _____

Telephone : _____

Email : _____