## bloodfest

## TALENT CONSENT AND RELEASE FORM

I authorise the undersigne	d Filmmaker to make use of my appearance on:	
PROJECT TITLE:		
FILMMAKER'S NAME:		
LOCATION:		
shall have complete own	receive no compensation for this appearance. The Fil ership of the Project. I give the Filmmaker the right to aphical material to publicise the Project and the service	use my
The Filmmaker may:		
	nd record my voice and likeness for the purpose of the prowhether by film, videotape, magnetic tape, digitally or other	
2. Make copies of the	e photographs and recordings so made;	
of the sale or trac further understand	likeness for the purposes of education, promotion or adding in the photographs, recordings and any copies so the master tape remains the property of the Filmmaker strictions on the number of times that my name and liken	made. I and that
Talent Signature	Print name	
Contact (phone or email)	Date	
	: rent (guardian) of the minor who has signed the above re e shall both be bound thereby.	elease
Parent/Guardian Signatur	e Print name	