

## Documentary Film Shoot Release Form

**WORKING TITLE:** \_\_\_\_\_ (Program) **DATE:** \_\_\_\_\_

**PURPOSE:** The purpose of this documentary film is \_\_\_\_\_  
\_\_\_\_\_.

I hereby acknowledge that I am participating in a documentary film being produced by \_\_\_\_\_ (Producers).

**SHOOT RELEASE:** I hereby irrevocably grant to the Producers, their licensees, agents, successors and assigns, the right, but not the obligation, in perpetuity throughout the world and in all media, now or hereafter known, to use (in any manner it deems appropriate, and without limitation) in and in connection with the video, by whatever means exhibited or advertised:

My appearance in the Program, still photographs or archival video of me, recordings of my voice taken or made of me, any music sung or played by me, and my actual or fictitious name; and/or the appearance of the location or property known as: \_\_\_\_\_,  
\_\_\_\_\_,  
and/or my name, likeness, voice and biographical material about me in connection with the promotion of the Program.

I agree that the Program may be edited and otherwise altered at the sole discretion of the Producers and used in whole or in part for any and all broadcasting, audio/visual, and/or exhibition purposes in any manner or media, in perpetuity, throughout the world. I understand that I have no rights to the Program or any monetary benefits derived therefrom. My participation in the Program is granted freely and voluntarily. I enter into this position with the full understanding that my acknowledgement, as warranted, will be credit or screen ID.

I represent that I have the right, capacity, and authority to enter into this agreement (the "Agreement") and that my performance and the rights I have granted in this Agreement will not conflict with or violate any commitment or understanding I have with any other person or entity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature (Parent, Guardian, or Power of Attorney)

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Name, as wish to be identified in Program

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
E-Mail Address