

Model/Actor Release Form

For valuable consideration, I hereby irrevocably consent to and authorize the use and reproduction by you, or anyone authorized by you, of any and all photographs, video recordings, audio recordings, and/or images which have/will be taken from (start date) _____ to (end date) _____ negative or positive, digital or analog, for any purpose whatsoever, without further compensation to me. All negatives and positives, video footage, audio recordings, and/or digital images, together with any and all prints, tapes, or discs shall be considered the property of Granada High School's Video/Studio Productions Program, solely and completely.

Model/Actor Printed Name _____

Model/Actor Signature _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip _____

Witnessed by (printed name) _____

Signature _____

If Model/Actor is under the age of 18:

Signature of Parent or Guardian _____

Date _____