



School of Film & Media Arts

COLLEGE OF LIBERAL ARTS AND SOCIAL SCIENCES

ACTOR WAIVER & RELEASE

PROGRAM INFORMATION: Production Name _____ Date(s) _____
Time(s) _____ Location(s) _____

PARTICIPANT INFORMATION: Name of Participant _____ Phone: (____) _____
Street Address _____ City _____ State _____ Zip: _____

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY ALL PARTICIPATING ACTORS BEFORE FILMING CAN BEGIN.

I/we, the undersigned, wish to participate in the above referenced motion picture/video (hereinafter "Film") on the date(s) and location(s) indicated above and, in consideration for my participation, I/we hereby agree as follows:

In exchange for the opportunity to participate in the Film, I consent to be recorded and give permission to the filmmaker and the filmmaker's successors, assigns, and licensees the perpetual right to use, copyright, publish and distribute in any medium and for any purpose the photographs, and/or video taken of me or in which I may appear alone or with others, and to use my name, image, and voice in connection with this photograph/video. I agree that my participation in the Film confers upon me no rights to the use or ownership of or copyright interest in my likeness as captured or used by the filmmaker in connection with the Film and I waive any right to inspect or approve the use of my name, image or likeness in connection with the Film.

I acknowledge, understand and appreciate that as part of my participation in the Film may involve risks and dangers, both known and unknown, including the risk of accidents, physical injury, and property loss, and have elected to take part in the Film. Therefore, I voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the Film.

This RELEASE shall be governed by and construed under the laws of Ohio.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature(s) to provide a complete and unconditional release of all liability to the greatest extent allowed by law.

My signature on this document is intended to bind not only myself, but also the successors, heirs, representatives, administrators, and assigns of myself.

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF EIGHTEEN (18).

Participant Name _____

Participant's Signature _____ Date _____

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____