



EXTRA RELEASE FORM

NON-SPEAKING ROLES

I (the undersigned) do hereby confirm that I have agreed to be photographed in connection with the motion picture/video:

Title: _____

Production Number _____

I hereby grant to you, your successors, assigns and licensees, to use as your desire, all video, still and motion pictures which you may make of me.

I understand that I shall receive no compensation for my appearance in and participation in the film or video.

I agree to hold you and any third parties harmless against any liability, loss or damage (including reasonable attorney's fees) caused by or arising from the telecast or exhibition of my appearance in the film or video, or any utterance made by me or material furnished by me in connection with my participation therein.

I am over eighteen years of age

Signature _____

Name (**Print**) _____

Address _____

Phone Number _____

PM/AD/ Student Filmmaker _____

Phone _____

SFTV Class _____

Date _____