Talent Release Form

I hereby assign the rights to the video recording(s), audio recording(s), motion picture filming, photograph(s), made of me this date, ____________________, by______________________ here after referred to as the recordist/cinematographer/photographer.

And I hereby authorize the editing, re-recording, duplication, reproduction, copyright, sale, exhibition, broadcast and/or distribution of said recording(s), film(s), photograph(s) for the purpose of

______________________________________________________________________________
_______________________________________.

I hereby waive any right to inspect or approve the finished video recording(s), audio recording(s), film(s), soundtrack(s), photograph(s), or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied.

I understand that participation in this project is voluntary and that I may at anytime discontinue my involvement. I also understand that my participation or non-participation will in no way jeopardize my relation with The Evergreen State College.

I understand that the recordist/cinematographer/photographer can see no risk presently, and that I take full responsibility for my involvement in this project and the risks that it may entail (be they legal, physical, or mental).

My name and participation may be kept confidential and not associated in any way with the finished recording(s), film(s), photograph(s), or printed material(s) if I so choose.

Check here if you wish to remain anonymous _____

I hereby certify that I am over eighteen years of age and am competent to contract in my own name insofar as the above is concerned. If I am under eighteen years of age my parents have read this document and have given their consent by signing below.

I am compensated as follows:

___________________________________________________________.

I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

_________________________________________  
signature

_________________________________________  
print or type name

____________________  
date