

48 Hour Shootout

Shoot Out – Ohio University
School of Media Arts and Studies - Talent Release Form

This form MUST be signed by anyone who participates in the production, including, but not limited to, the cast, crew, composer, and any musicians who helped to record music for the production. The completed forms are required to be available upon the request of Project Organizers. ALL sections must be completed by each individual.

TALENT RELEASE

I, _____ (name) hereby release the School of Media Arts and Studies and any of its faculty, staff, and students from any liability in recording me on or about _____ (date). I also understand I am consenting to the possible broadcast and/or cablecast of my voice, likeness, and image color as it is being recorded today and that the School of Media Arts and Studies will hold the copyright and reserved right for distribution, sale and exchange of the footage gathered. This includes my exemption of the School of Media Arts and Studies, and its faculty, staff and students from any responsibility from content, data, or opinion I am expressing on this recording and which me be reiterated in the showing of the completed program. I hereby certify that I am above the age of 18 years old, and have read and consented to the above.

SIGNED _____

DATE _____

FOOTAGE/RECORDING RELEASE

I, _____ (name), am hereby certifying that I am allowing the School of Media Arts and Studies the right to use and reproduce the footage, slugged _____ (production title), and that I hold the authority to release the video/film footage and/or audio recording(s) without cost. I am also releasing to the School of Media Arts and Studies the rights to post production rearrangement and/or condensing footage for its needs in production of a program.

SIGNED _____

DATE _____

- IF UNDER 18 YEARS OF AGE -

I, _____ (name), am the legal guardian of _____ (name) and am allowing him/her to be recorded, knowing that I am also consenting to all of the above conditions fully as it applies to me or the child.

SIGNED _____

DATE _____