



ACTOR RELEASE FORM

I (the undersigned) do hereby confirm the consent heretofore given you with respect to your photographing me in connection with your motion picture/video:

Title: _____

and I hereby grant to you, your successors, assigns and licensees the perpetual right to use, in any manner or in any media currently existing or which may be developed in the future, as BSC may desire, all video, still and motion pictures and sound track recordings and records which you may make of me or of my voice, and the right to use my name or likeness in or in connection with the exhibition, advertising, exploitation or any other use of such motion picture or recording.

I understand that the filmmaker will provide to me a copy of the film as a vimeo link for my personal use only. I will not sell said copy or use it for any commercial purposes such as broadcasting, streaming online or Home Video-DVD releases. I shall receive a limited license to use the copy for personal promotional purposes, which shall be limited to using a maximum of 3 minutes of the film on my personal website.

I also understand that it takes a significant amount of time to complete a film – and in some cases student films are abandoned and not completed at all. If the student filmmaker has promised a tape of the film, I agree to allow a reasonable amount of time to elapse after the performance as stated in the SAG Agreement. I agree that should the film/tape not be completed, I will take no action against Birmingham-Southern College or the Department of Media and Film Studies.

Note to the actors: estimated time-to-completion for each project type can take several months. If after a full year you have not received copy or been given an estimated date for copy, you may

contact Birmingham-Southern College: (205) 226-4696 and we will do what we can to get you in contact with the filmmaker. You will need the filmmaker's name and semester of production in order for us to help you most effectively.

I am over eighteen years of age

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I am a member of the Screen Actor's Guild

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Signature: _____ Date: _____

Name (Print): _____ Character Name: _____

Address: _____ Phone Number: _____

_____ Email: _____

Filmmaker: _____ Phone Number: _____

MFS Class: _____ Date: _____