

Motion Picture/Television

COURSE NAME AND NUMBER			
PROD. #		PRODUCTION TITLE	
Producer		Director	

GROUP RELEASE FORM

To Whom It May Concern:

I (the undersigned) do hereby grant to the College of DuPage Motion Picture/Television (hereinafter sometimes referred to as “you”) the right to photograph me and use my picture, silhouette and other reproductions of my physical likeness in connection with the student motion picture tentatively entitled [Click here to enter text.](#)(the “Picture”).

I hereby grant to the College of DuPage Motion Picture/Television, its successors, assigns and licensees the perpetual right to use, as you may desire, all still and motion pictures and sound track recordings and records which you may make of me or of my voice, including the right to substitute my voice for the voice of another person or persons, and the right to use my name or likeness in or in connection with the exhibition, advertising, exploiting and/or publicizing of the Picture. I further grant the right to reproduce in any manner whatsoever any recordings including all instrumental, musical, or other sound effects produced by me, in connection with the production and/or post production of the Picture.

I further acknowledge and agree that any commitments beyond the scope and intent of this release are the sole responsibility of the above named production, or its duly appointed representative, and NOT the UNC School of the Arts, School of Filmmaking.

I hereby certify and represent that I am over 18 years of age and have read the foregoing and fully understand the meaning and effect thereof.

DATE	PRINTED NAME	SIGNATURE

GROUP RELEASE FORM

PAGE

of

DATE	PRINTED NAME	SIGNATURE

Head of Production Signature

DATE

Assistant Dean of Production Signature

DATE