



Image/Voice Release for Adults

(18 years and older)

Film Name: _____

Production Members:

| | |
|--|--|
| | |
| | |
| | |
| | |

Advisor _____ School _____

Those named above have taken, or plan to take, digital pictures, movies, photographs, and/or audio recordings of me on or about (date) _____. I hereby expressly grant to the production members mentioned above and to their employees, agents and assigns, the right to photograph me and use my picture, silhouette or other reproduction of my physical likeness or voice in, and in connection with, the Slick Rock Student Film Festival, theatrically, on television or in any motion picture(s). I also grant the right for any of these audio or video likenesses of me to be used in the advertising, exploiting and/or publicizing of any motion picture, but not limited to television or theatrical motion pictures. I understand that the productions being created may appear in theaters, on television, and/or on the internet.

Print Name

Signature

Date