

Date _____ Name _____ Age _____

Form # _____

Headshot Y / N Attached _____ M / F _____ Height _____ Weight _____

IMP GENERAL RELEASE FORM

By signing this release form, I authorize **ISLAND MOVIE PRODUCTIONS**, to use the following personal information:

- (1) My picture – including photographic, motion picture, and electronic (video) images.
- (2) My voice – including sound and video recordings.

I hereby grant to **ISLAND MOVIE PRODUCTIONS**, its subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for all purposes, my name, pictures of me in film or electronic (video) form, sound and video recordings of my voice, and printed and electronic copy of the information described in sections (1) and (2) above in any and all media including, without limitation, cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised.

This permission shall continue forever.

I further grant **ISLAND MOVIE PRODUCTIONS** all right, title, and interest that I may have in all finished pictures, negatives, reproductions, and copies of the original print, and further grant **ISLAND MOVIE PRODUCTIONS** the right to give, sell, transfer, and exhibit the print in copies or facsimiles thereof, for marketing, communications, or advertising purposes, as it deems fit.

I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for **ISLAND MOVIE PRODUCTIONS** use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.

I understand that Island Movie Productions and its Principals will take all possible precautions to avoid accidents and injuries during this production; I agree to follow instructions and behave in a safe manner when using props, both on and off camera. **Furthermore I understand that injuries are possible and that I am responsible for any medical costs incurred during my volunteer participation in this production.** I will hold harmless, Island Movie Productions and all its principals for any injuries and or accidents which occur in any instance.

I acknowledge that I have read the foregoing and I fully understand the contents.

I attest that I am 18 years of age or older, **OR** that my parent or Guardian is signing *with my full knowledge*.

This form must be signed by ALL legal guardians of a minor under the age of 18. No Exceptions.

IN WITNESS WHEREOF, I have executed this release on this _____ day of _____, 201__.

Print Name: _____

Telephone #: _____ cell _____

Address: _____ City/State/Zip _____

Signature: _____

Guardian's information if under 18 Name(s) _____

Telephone #: _____ cell _____

Address: _____ City/State/Zip _____

(Guardians signature) _____

(Guardians signature) _____