

PERSONAL APPEARANCE MEDIA RELEASE FORM
Madeleine Shorts (www.madeleineshorts.com)

Production Date(s):

Film Title (working title):

Name of Person to be Filmed:

Email or Telephone Number of Person to be Filmed:

Director(s):

Production Location:

I hereby authorize Director(s) to film/record and edit into the Film my name, likeness, image, voice and participation in and performance on film, tape or otherwise for use in the above Film or parts thereof (the "Recordings").

I agree that the Film may be edited and otherwise altered at the sole discretion of the Director(s) and used in whole or in part for any and all broadcasting, non-broadcasting, audio/visual, and/or exhibition purposes in any manner or media.

I understand that if selected by Madeleine Shorts, this Film will appear on www.madeleineshorts.com and could also potentially be used for promotional material on the website.

Signature of Film Participant:

Date:

Signature of Director(s):

Date: