**Contributor/Talent Release Form**

|  |
| --- |
| **Production Title: Style is life** |
| **Director: Esther Stephenson****Producer: Esther Stephenson****Other Group Members:**  |
| **Dates of Production: 01.03.2020** |
| **Date(s) of Talent requirement: 01.03.2020****Name of Talent Required: Esther Stephenson** |
| I hereby consent to the use of all photographs, video recordings and audio recordings taken of me, or recordings made of my image or voice, for use by the names above within the production specified. I am aware that I may not claim financial compensation for my time on this production and cannot make any claims to the right of ownership on the recordings, photographs or audio recordings used within the finished work. Signed \_\_\_E.Stephenson\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed (guardian of talent under 16 yrs of age)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_29.02.2020\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: 23 Oakley Close |
| **Contact Number: 07498569850** |
| **Special Circumstances:**If the talent wishes to prevent use of their image, voice or any recordings made of them under specific circumstances they must identify this here.  |
| **DIRECTOR/PRODUCTION MANAGER:**I understand that we may use any recordings of image or voice made for this production with the exception of those specified under special circumstancesSigned\_E. Stephenson\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_\_\_ |