

Video release form

This letter confirms that you participated in a photographic/film shoot and you agree that <Client Name> may use any photographs, films, sound recordings or any other digital recording produced from the shoot.

By signing this letter you agree to the following:

1. <Client Name> may use any photographs, films, sound recordings or any other digital recording (the “media”) from the shoot in any of its publications and for other commercial purposes.
2. The use of the media by <Client Name> may include publication, broadcast, exhibition or distribution on the internet and may require an adaptation or alteration of the media, and <Client Name> may do any of these things without acknowledging your Identity.

Please contact me on name@clientemail.com with any queries.

Regards

Name:

Title:

<Client Name>

| | |
|--------------------------------|--|
| Date of Recording: | |
| Location: | |
| Photographer: | |
| Purpose: | |
| Subject’s Full Name: | |
| Subject’s Signature: | |
| Subject’s Phone Number: | |