

**Talent Release Form
Film Studies Program
University of North Carolina Wilmington**

I, (print name) _____, hereby assign to the Film Studies Program, University of North Carolina Wilmington, all rights in and to any photographs, motion pictures, video tapes and/or audio recording taken in the production of (project name) _____ at any time.

I hereby authorize the Film Studies Program, University of North Carolina Wilmington, to reproduce, copy, exhibit, publish, or distribute any and all such photographs, pictures, video tapes and/or audio tapes.

I understand and agree that the Film Studies Program, University of North Carolina Wilmington, will be free and clear of any responsibility or claim for personal liability during the production of _____.

I certify that I am over the age of eighteen (18).

signed	witness
address	parent/guardian (if under age of 18)
phone	

date

place