

**Department of English** Bucknell University Lewisburg, Pennsylvania 17837

Phone: 570-577-1553 Fax: 570-577-3760

## ACTOR/INTERVIEWEE RELEASE FORM

For valuable consideration, including the agreement to produce the motion picture film currently entitled "Bucknell Culminating Experience Project" I hereby irrevocably grant to Bucknell University Film/Media Studies (herein referred to as "BUFMS"), its licensees, agents, successors and assigns, the right (but not the obligation), in perpetuity throughout the world and in all media either now or heretofore unknown, to use in any manner BUFMS deems appropriate, and without limitation in and in connection with the motion picture, by whatever means exhibited, advertised or exploited, my appearance in the motion picture, still photographs of me, recordings of my voice taken or made of me by it, any music sung or played by me, and my actual or fictitious name. On my own behalf, and on behalf of my heirs, next of kin, executors, administrators, successors and assigns, I hereby release BUFMS, its agents, licensees, successors and assigns, from any and all claims, liabilities and damages arising out of the rights granted hereunder, or the exercise thereof, as provided by the terms of this Agreement.

Print Name	-	
Signature	Date	
If actor/interview is under 18:		
I confirm that I am the parent or legal guardian o irrevocably consent to the foregoing grant and ag BUFMS, its licensees, agents, successors and ass and all damages, losses and expenses resulting from the above agreement by the signatory thereto.	greement on his or her signs, and hold each of	f the foregoing harmless from any
Parent or Guardian Name	-	
Parent or Guardian Signature	- Date	