

VIDEO RELEASE

I, *(please insert your name here):*
HEREBY consent to give and their associates the right to use the archival/video footage in whole or in part of*(name of the video footage)* This materials will be utilised in the production of*(Name your film)*

Further, I allow and their associates the right to use or reproduce the archival footage in whole or in part for publicity or broadcast purposes as they see fit.

I HEREBY release the archival vision on the guarantee that if used for any other purpose other than this production*agencies*, or from myself directly. The archival footage is owned and copyrighted by myself.

Further, I HEREBY release , its successors and assignees, and all associates using the said resources from any claims, damages, liabilities, costs and expenses arising from use of these materials.

DATE

Name Signature

(PLEASE PRINT FULL NAME)

In the presence of:

Witness Name Witness Signature

(PLEASE PRINT FULL NAME)

Address:

Witness Address:

Tel: _____

Tel: _____

Email: _____

Email: _____