For valuable consideration, I (hereinafter “Releasor”) hereby give permission to Name of Director and his/her agents (hereinafter “Director”) to photograph me and/or to record my voice, performances, poses, acts, plays and appearance, and/or to use my picture, photograph, silhouette and/or other reproductions of my physical likeness and sound (hereinafter the “Images”) for Name of Film Project (hereinafter the “Picture”) and the unlimited distribution, advertising, promotion, exhibition and exploitation of the Picture by any method.

I agree that I will not assert or maintain against Director, the Tisch School of the Arts (hereinafter “TSOA”) or New York University (hereinafter “NYU”) and/or their officers, trustees, employees, servants, successors, assigns or licensees, any claim, demand or cause of action, including, but not limited to, those grounded upon my participation in scenes involving nudity or sexually explicit acts, stunts, invasion of privacy or rights of publicity, or for any other reason in connection with Director’s authorized use of the Images as provided here. I hereby release Director, TSOA and NYU and their officers, trustees, employees, servants, successors, assigns, and licensees from any claims, demands or causes of action of any kind arising from Director’s authorized use of the Images.

I hereby waive any right that I may have to inspect or approve the finished Picture or advertising or printed matter that may be used in connection with the Picture or the use to which it may be applied.

This release shall be governed by and construed in accordance with the laws of the State of New York applicable to contracts entered into and intended to be performed solely within the State of New York, without regard to principles relating to conflicts of law. I shall submit to the jurisdiction of the federal and state courts located in New York County, New York State, for the resolution of all disputes arising hereunder.

Name of Film Project: __________________________________________________________

Releasor’s Name: ______________________________ Releasor’s email __________________ Releasor’s Tel __________________

NYU Affiliation, if any: ________________________________________________________ NYU ID# __________________

Releasor’s Signature: __________________________________________________________ Date: ____________________

NOTE: If individual being photographed or filmed is not yet 18 years old, a parent or other legal guardian must complete and sign the Photo/Film Release (Minor).