

BACKGROUND EXTRAS RELEASE FORM

(Version 1.Aug.2023)

PRODUCTION TITLE: _____

PRODUCTION COMPANY: _____

DATE: _____

I, the undersigned, hereby acknowledge and agree to the following terms and conditions:

GRANT OF RIGHTS: I grant the Production Company, its successors, assigns, and licensees, the irrevocable right to photograph and/or record my name, voice, and likeness in any manner and in any media, worldwide, in perpetuity, for the purpose of producing, distributing, advertising, and promoting the film titled _____.

NO COMPENSATION: I understand that my participation as a background extra is voluntary and I will not receive any compensation, monetary or otherwise, for my appearance or participation in the film.

NO OBLIGATION TO USE: I understand that the Production Company has no obligation to use my appearance, voice, or name in the film, or in any related promotional materials.

RELEASE OF CLAIMS: I hereby release and discharge the Production Company, its agents, representatives, employees, and any third parties acting under its authority, from any and all claims, liabilities, demands, actions, causes of action, costs, and expenses, whether at law or in equity, whether known or unknown, arising out of or in connection with the use, exploitation, or distribution of the film or my participation therein.

CONFIDENTIALITY: I agree not to disclose any confidential information related to the film, including but not limited to, storylines, characters, and other intellectual property, to any third party without the prior written consent of the Production Company.

GOVERNING LAW: This Release Form shall be governed by and construed in accordance with the laws of _____, without regard to its conflict of laws principles.

ENTIRE AGREEMENT: This Release Form contains the entire agreement between the parties hereto and supersedes any and all prior agreements, understandings, and communications between the parties relating to the subject matter hereof.

EXTRA'S INFORMATION:

Full Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Signature: _____ **Date:** _____

Parent/Guardian Signature (if under 18): _____ **Date:** _____

Please return the completed form to the Production Assistant or designated representative on set.