



## Talent Consent and Release Form

**Film Name:** \_\_\_\_\_

- I have agreed to participate in the above *ShireABILITY* Film.
- I hereby grant permission to use my appearance and any character I may play in connection with the film.
- I further acknowledge that the team creating the film as part of the *ShireABILITY* Film Festival owns all rights to the film.
- I agree that my participation in the film may be edited.
- I consent to the use of my first name, likeness and voice in connection with *ShireABILITY*.
- I understand that the film may be screened publically and may be used on the website and social media accounts of Sutherland Shire Council, Shopfront Arts Co-Op.

Talent Name	
Signature	
Contact Phone Number	
Date	

*If talent is Under 18 Years of Age*

Talent Name	
Parent/Guardian Name	
Parent/Guardian Signature	
Contact Phone Number	
Date	

