

Video Consent and Release Form

Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to Atlanta Filmmakers Alliance (nonprofit 501c3), its affiliates and agents, to use my image and likeness and/or any statements, quotes from me in its publications, advertising or other media activities (including the Internet) make within a submitted video. (This Form Will Take Up to Four Release Signatures) Separate Forms May be used if necessary.

By Printing my name and signing below, I give consent/permission to use my name if it is in video, picture, quotes from the video,(or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the Internet), in theatrical media and/or in mailings for educational and awareness.

This consent is given in perpetuity, and does not require prior approval by me.

Print Name of Person in Video	Signature	Date	Age if Minor

If there is an above child under 18, a signature is required by below by each parent. The below signed parent/s or legal guardian of the above-named minor child hereby consents to and gives permission to the above on behalf of such minor child.

Print Name of Parent or Legal Guardian	Signature of Parent or Legal Guardian	Name of Minor

The following is required ONLY if the consent form has to be read to the parent/legal guardian:
I certify that I have read this consent form in full to the parent/legal guardian whose signature appears above.

Date **Signature** of Adult Reading the Consent Form **Printed Name** of Adult