

## MODEL, EXTRA, ACTOR TALENT RELEASE CONSENT TO REPRODUCE PHYSICAL LIKENESS IN VIDEO, PHOTOGRAPHY & MEDIA

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AGREED BY:	
PRINT NAME	
SIGNATURE	
DATE	
EMAIL ————————————————————————————————————	
TELEPHONE	
* IF UNDER AGE 18: PARENT/GUARDIAN MUST FILL OUT & SIGN BELC	) <b>W</b> *
PRINT MINOR'S NAME	
PRINT PARENT/GUARDIAN NAME	
SIGNATURE	
DATE	
ADDRESS	
E-MAIL	
TELEPHONE	
SUBJECT MATTER DESCRIPTION	
SUBJECT WATTER DESCRIPTION	
WITNESSED BY	
Print & SIGN Peralta Employee Name)	
SIGNATURE	
DATE	