



## Videographic Release Form

Date \_\_\_\_\_

Location / Project \_\_\_\_\_

I authorize Reel Good Digital Videography to use audio tracks, videographic or photographic images taken on this day or for this project, without any monetary compensation. Upon request, I may be provided an electronic copy of the project in which my image appears at the discretion of Reel Good Digital Videography. I hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I authorize Reel Good Digital Videography to use audio tracks, videographic or photographic images taken of my minor child(ren) \_\_\_\_\_ on this day or for this project, without any monetary compensation. Upon request, I may be provided an electronic copy of the project in which my minor child(ren)'s image(s) appear(s) at the discretion of Reel Good Digital Videography. I hereby acknowledge that I am 18 years of age or older and the parent or guardian of the minor child(ren) videographed/photographed/recorded and have read and understood the terms of this release.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_