PROD. #:	PRODUCTION TITLE:	
DIRECTOR:	PRODUCER:	
LOCATION MANAGER:		

LOCATION RELEASE FORM

ATTACH CREW LIST ON THE PRODUCTION FORM:

Filming Location(s):

Date, time and duration of shoot:
Description of action to be filmed:

Any portrayal of weapons (prop or real), violence or illegal acts? ☐ YES ☐ NO

If YES, Weapons Release Form must be attached to this form.

Any stunts or special effects? ☐ YES ☐ NO

If YES, Stunts/Special Effects Release Form must be attached to this form.

The Location Representative agrees that _____ shall own all rights of every kind in and to all photographs and recordings made by the above named crew on or about these premises and shall have the right to use such photographs and/or recording in any manner it may desire without restriction or limitation of any kind. You represent and warrant that you are authorized to grant these rights.

We, the above named film crew, agree to exercise reasonable care in the use of these premises and to leave them in substantially as good condition as when received.

Thank you for your cooperation.

_____ _____

PRODUCER LOCATION REPRESENTATIVE

_____

PRODUCTION MANAGER