

Talent Release Form

Talent Name: Zachary

fellows

Project Title: _____

I hereby consent for value received and without further consideration or compensation to the use (full or in part) of all videotapes taken of me and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings or musical performance for the purposes of illustration, broadcast, or distribution in any manner.

at Maryland Reton Treatment Center on _____

(Recording Location) _____

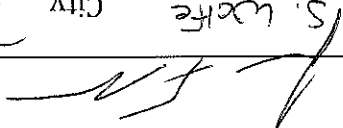
(Date) _____

by _____ for _____

(Producer) _____

(Producing Organization) _____

Talent's signature _____



Address 915 S. Wolfe City Baltimore

State MD Zip code 21231

Date: 12/5/2018

If the subject is a minor under the laws of the state where modeling, acting, or performing is done:

Legal guardian _____

(sign/print name)

Address _____

City _____

State _____ Zip Code _____

Date: ____/____/____