Actor Release Form

I (*actor*) _Jordane Wright_ hereby give _Ash Edwards_(*filmmaker*) the right to use my image, likeness, name and recording of my voice for the production, screening (*including online*) and promotion of _The Dog is Dead_ (*the production*). These likenesses may include video, photographs and sound recordings of my voice.

I also agree and understand that the filmmaker is under no obligation to compensate me financially and all work and contributions I may provide to the production are property of the filmmaker.

By signing this release, I am agreeing to all aforementioned terms and allow the filmmaker permission to use my likeness in their production.

Character name (*if any*) _____Wife_____

Actor/Model

Print Name _JORDANE WRIGHT_ Contact Number _07454719747_

Signature _J.Wright_

Date _29/10/18_

Filmmaker

Print Name _____Ash Edwards_____

Signature _____A J Edwards_____

Date _____29/10/2018_____