

Actor Consent Form



PROFARM

Lead producer. This form must be completed by each identifiable person appearing in your PROFARM video.

I understand that an original video has been created and submitted to the PROFARM project partnership that includes images of me or my child.

I understand that this video has been submitted to, and for participation in, the PROFARM Video Contest. I grant full permission and authority to the partners of the PROFARM project to use, publish and display my or my child's image and/or voice contained in the video

I recognize that there is no form of compensation.

By signing this form, I certify that I am legally authorized to grant the permissions and waivers stated.

Title of Video Entry

Lead Producer's name

Lead Producer's Email

Lead Producer's Phone

Actor's Name

Actor's Date of Birth

Actor signature

Date _____

Actor's Parent/Guardian signature (if under 18)

Date _____

PRO.FARM – WP7 – Deliverable 7.3

PROfessional and personal empowerment in social FARMing
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