

# Talent Release Form

## Instructions

This Talent Release Form must be completed by nongovernment people hired as narrators, actors, extras, or models for a scripted video, audio recording, or photo session. This includes paid and unpaid talent – anyone who will be recognizable in the final product. It also includes employees (such as hospital or office workers) who may be visible in the background. Completed release forms are recommended for people whose video appearances are possible but uncertain.

Contractors may use their own talent release form if it includes essential elements found in the AHRQ Talent Release Form. If actors are being paid for their work, compensation amounts should be specified. If not cost-prohibitive, AHRQ recommends negotiated talent agreements that will not expire.

If actors are represented by a talent agency, union, or other organization, the representative's contract may substitute for the AHRQ release form if it states that the actors are being paid for "worldwide rights in perpetuity." That is, the talent release form must be signed by the talent, but the terms are not needed if they are included in a contract. In that case, the completed AHRQ Talent Release Form should indicate that the talent will be paid by their named talent agency for worldwide rights in perpetuity, that the talent agency will be paid by AHRQ's Contractor, and that the talent agency will not bill AHRQ directly.

This form may be used for other types of production if the Type of Product is specified below.



Agency for Healthcare Research and Quality  
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## Talent Release Form

**Agency for Healthcare Research and Quality (AHRQ)  
U.S. Department of Health and Human Services**

**Project Name:**

**Type of Product (e.g., video, audio):**

**Name of Video (if different from project):**

I hereby grant to the Agency for Healthcare Research and Quality (“AHRQ”) and [list any other offices or partners if working under a partnership], their assignees, successors, and those acting pursuant to their authority, permission and worldwide rights in perpetuity to:

1. Record my [or that of the minor child in my control] participation and appearance on video, audio, file, or photograph, on real or digital or other medium.
2. Use my [or that of my minor child] name, likeness, voice, CV, and biographical material in connection with or promotion of this production. In addition, nothing shall require AHRQ to use my [or that of my minor child] name, likeness, or voice in any manner.
3. Exhibit, broadcast, cablecast, webcast, store and forward, copy, edit, and/or distribute such recording in whole or in part without restriction or limitation for any educational, commercial, or promotional purpose that AHRQ, its assignees, successors, and those acting pursuant to its authority, deem appropriate.

(a) No royalties or residuals will be paid to me [or on behalf of my minor child] for my [or that of my minor child] participation. [If providing nonmonetary compensation] I will receive nonmonetary or promotional consideration only.

OR

(b) No royalties or residuals will be paid to me, but I will be paid a fee of \$ \_\_\_\_\_ for my participation.

I hereby waive any right to inspect and approve the rough cut, promotional, or finished product.

I warrant that I am over the age of 18 and that I am free to enter into this Agreement [on behalf of my minor child].

[If a minor is used, a parent or guardian should sign on behalf of the minor. Unless the participating minor cannot write, the minor also must sign the release form.]

By signing this release, I hereby agree to hold AHRQ harmless from and against any and all claims, liabilities, losses, or damages that may arise from my participation in this production.

Name:

E-Signature (type name):

Address:

Phone Number:

Email:

Date signed:

E-Signature of Parent  
or Guardian of a Minor (type name):

Date Signed: