

C O N T R A C T

TALENT

ACTOR: MICHAEL VENSKE ROLE(S): _____
ADDRESS: 2639 Colfax Avenue South, Suite Number 3, Minneapolis, Minnesota 55408
TELEPHONE: 612 877 2436 E-MAIL: michael@michaelvenske.com
SAG: Non-Union AEA: Non-Union

FILMMAKER

PRODUCTION COMPANY: _____
FILM TITLE: _____
DIRECTOR: _____ PRODUCER: _____
ADDRESS: _____
TELEPHONE: _____ CELL: _____
E-MAIL: _____
START DATE: _____ END DATE: _____

COMPENSATION

DAILY: _____ WEEKLY: _____
OTHER: _____ PER DIEM: _____
DAYS: _____ RATE: _____
FITTINGS: _____ REHEARSAL: _____
PRINCIPAL PHOTOGRAPHY: _____
ADDITIONAL SHOOT DATES: _____
POST-PRODUCTION (ADR): _____
TRAVEL / ACCOMMODATIONS: _____

OTHER TERMS

- PRODUCER will provide bottled water, coffee, and snacks (granola bars, apples, chips, etc.) on-set during every shooting day for TALENT and CREW.
- Should filming on any day be continuous and last more than five hours, catered meals will be provided every five (5) hours on-set by PRODUCER for TALENT and CREW.
- Should filming on any day be continuous and last more than five hours where catered meals are provided, PRODUCER will provide adequate time for TALENT and CREW to eat said meal.
- TALENT will receive an above-the-title credit as "MICHAEL VENSKE" in addition to the film's final title

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crawl.

- **TALENT** will receive a hardcopy (DVD) of any and all recorded out-takes captured between the project's start and end dates.
- A hardcopy (DVD) will be sent to **TALENT** upon completion of the project.

TALENT hereby gives the **PRODUCER(S)** of _____ the irrevocable right to use **TALENT'S** name, picture, portrait, or photograph in all forms and media and in all manners, including composite, for advertising, for publication or any other lawful purposes, and **TALENT** waives any right to inspect or approve the finished product(s), including written copy, which may be created in connection therewith.

AGREED TO AND ACCEPTED:

TALENT: _____ **DATE:** _____

PRODUCER: _____ **DATE:** _____

STUDENT PRODUCTIONS

Are you over 18 years-of-age: YES NO

SCHOOL ENROLLED: _____

CLASS / COURSE FILM PROJECT CORRELATES: _____

PROJECT DUE DATE: _____

PRODUCER SHALL:

- Provide **TALENT** a hard-copy (DVD) of the film project submitted for the above listed class/course.
- Hardcopy (DVD) will be mailed to **TALENT** within two (2) weeks of the film project due date.

AGREED TO AND ACCEPTED:

STUDENT: _____ **DATE:** _____

INSTRUCTOR: _____ **DATE:** _____

TALENT: _____ **DATE:** _____