

Authorization to Release Original Negative

Production Company:

Date:

Time:

Title:

P.O. #

Job #

Shipping Method:

Lab Rolls:

Party Accepting Film:

Camera Rolls:

Shipping Address:

Other Materials:

Tracking Number:

Ship Date:

The undersigned hereby authorizes Cineworks Digital Studios, Inc. to release the Original Negative Film described herein to the designated party indicated below, or to ship according to the shipping details herein.

Company:

Print Name:

Title:

Date:

Upon Delivery of the Original Negative Film described herein, Cineworks Digital Studios, Inc. is released of any and all responsibility, liability or accountability for the same. Cineworks Digital Studios, Inc. will not be responsible for any occurrences after the Film leaves the premises.