Talent Release Form

1. Parties and Liability Event.

The individual named below (referred to as the “Releasor”) authorize [PRODUCTION COMPANY/PERSON NAME] (referred to as the “Production”) to record the participation in the following activity (the "Activity"):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The Activity will be provided by the Production at the following address:

[ADDRESS OF ACTIVITY PREMISES].

In consideration of authorizing the Production to record the Activity and in recognition of the Production’s reliance hereon, I [NAME OF RELEASOR] agree to all the terms and conditions set forth in this agreement (this "Release").

Releasor acknowledges that any photo or recording made of the Releasor under the terms of this Agreement becomes the exclusive and entire property of Production forever and throughout the world.

Releasor additionally acknowledges that the Production has the right to use Releasor’s name, likeness, voice, or biographical information to promote or publicize the Activity and authorize others to do the same. Releasor also agrees that there is no necessity to send photographs, images, or other material for approval before use.

2. Release.

Releasor hereby expressly waives and release any and all claims, now known or hereafter known, against the Production, and its employees, agents, affiliates, successors, and assigns, on account of injury, illness, disability, death, or property damage arising out of or attributable to Releasor’s participation in the Activity, whether arising out of the ordinary negligence of the Production or otherwise.

Furthermore, Releasor covenants not to make or bring any such claim against the Production and forever release and discharge the Production from liability under such claims. This waiver and release does not extend to claims for gross negligence, willful misconduct, or any other liabilities that relevant state law does not permit to be released by agreement.

 3. Consideration.

The parties agree to the following: (please check one)

[\_\_] The Production shall not pay the Releasor to be released from any liability.

[\_\_] IN CONSIDERATION OF the payment of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, paid by the Production to the Releasor, the receipt of which is acknowledged, the Releasor releases and forever discharges the Production from all manner of legal actions and claims. I understand that this payment is made in full settlement of any action, claim, and demand that may be brought as a result of sustaining any loss, damage, or injury.

V. Entire Agreement and Binding Effect.

This Release constitutes the sole and entire agreement of the Production and me with respect to the subject matter contained herein and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter. If any term or provision of this Release is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Release or invalidate or render unenforceable such term or provision in any other jurisdiction.

This Release is binding on and shall inure to the benefit of the Production and me and our respective successors and assigns. All matters arising out of or relating to this Release shall be governed by and construed in accordance with the internal laws of the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Releasor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Production’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_