

**PERSONAL RELEASE  
(With Payment)**

Participant Name (please print) \_\_\_\_\_

Program Title ("Program") \_\_\_\_\_

Production Date(s) \_\_\_\_\_

Location \_\_\_\_\_

In consideration of my appearance on the above Program, I hereby authorize *Producer/Production Entity*: \_\_\_\_\_ ("Producer") to record my name, likeness, image, voice and performance on film, tape or otherwise for use in the above Program or parts thereof. I agree that the Program may be edited and otherwise altered at the sole discretion of the Producer and used in whole or in part for any and all broadcasting, audio/visual, and/or exhibition purposes in any manner or media, in perpetuity, throughout the world. I understand that I have no rights to the Program or any benefits derived therefrom.

I consent to the use of my name, likeness, voice and biographical material about me in connection with the promotion of the Program.

I represent that I have the right, capacity, and authority to enter into this agreement (the "Agreement") and that my performance and the rights I have granted in this Agreement will not conflict with or violate any commitment or understanding I have with any other person or entity.

I agree to indemnify and hold harmless Producer from and against all claims, losses, expenses and liabilities of every kind including reasonable attorney's fees arising out of the inaccuracy or breach of any provision of this Agreement. I expressly release Producer from any and all claims arising out of the use of the Program.

In consideration for my appearance and/or performance in the Program and all rights granted hereunder, I shall receive \$ \_\_\_\_\_.

This Agreement will in all respects be governed by and interpreted, construed and enforced in accordance with the laws of the State of \_\_\_\_\_.

This Agreement represents the entire understanding of the parties and may not be amended unless mutually agreed to by both parties in writing.

Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Social Security # or Federal ID # \_\_\_\_\_

Phone: \_\_\_\_\_

I represent that I am the parent and/or guardian of the minor who has signed above or is the participant in the Program. I agree that we both shall be bound by this Agreement.

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_