

APPEARANCE RELEASE FORM

Authorization to Reproduce Physical Likeness and to Use Talent and Services Release

PRODUCER/COMPANY ("Producer"): BRADIBRYAN Multimedia Inc., PO BOX 242, Sarasota FL 34230

PRODUCTION WORKING TITLE ("Production"): _____

PRODUCTION DATE(s) ("Dates"): _____

For good and valuable consideration, receipt of which is hereby acknowledged, I agree and consent that **Producer** and their respective parents, affiliates, subsidiaries, licensees, successors and assigns may use any motion picture, video, still photo, or voice recordings taken of me on **Dates** or any reproduction thereof, in any form, style, or color, or media, together with any writing and/or other advertising and/or publicity material in connection therewith, including the use of my name as they may select. Producer shall be the exclusive owner of such taping, photography, and recording with the right, throughout the world, an unlimited number of times in perpetuity, to copyright, to use, and to license others to use, in any manner, all or any portion thereof or of a reproduction thereof in connection with the Production or otherwise. For purposes of clarity, I expressly waive any and all moral rights I may have in connection with my appearance. I hereby also waive any right of inspection or approval of my appearance or the uses to which such appearance may be put.

I understand that my talents and/or services and any related advertising and publicity materials are to be used in connection with the **Production**. This consent is given by me without limitations upon any use for projection, playback, reprints, rerun, broadcast, telecast, or publication of every kind, including the advertising and publicity connected therewith. I also agree that the originals and copies therefrom shall be and remain the exclusive property of **Producer** or its nominees and assigns.

(NOTE: If subject is under the age of 18 years, a parent or guardian must sign this release on his/her behalf.)

Name (please print): _____

Parent/Guardian Name (if subject is under 18): _____

Address: _____

Phone #(s): _____

Email: _____

Signature: _____
(Parent/Guardian if subject is under age 18)

Date: _____