

CREWMEMBER DEAL MEMO AND RELEASE

CREWMEMBER: _____ Position: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Mobile: _____
Email Address: _____

FILMMAKER: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Mobile: _____
Email Address: _____

For satisfaction of Webster University course requirement:

Course Name: _____ Course No.: _____ Section: _____

Tentative Title of FILM: _____
Starting Date: _____
Contemplated Ending Date: _____

LOCATIONS: _____
Date/Time: _____ Address: _____
Date/Time: _____ Address: _____
Date/Time: _____ Address: _____

1. CREDIT AND CONSIDERATION: CREWMEMBER'S name will appear in credits as follows:

2. RIGHTS TO RECORDING AND RELEASE: FILMMAKER shall be considered the author for all purposes and the owner throughout the world and in perpetuity in any media or embodiment, now known or hereafter of all the rights therein. FILMMAKER shall have the right to use and license the use of the CREW MEMBER'S name, photograph, likeness, voice and/or biography in connection with the FILM and the advertising, publicizing, exhibition and/or other exploitation thereof. CREWMEMBER releases FILMMAKER from any claims that may arise regarding the use of CREWMEMBER's name, photograph,

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likeness, voice and/or biography, including any claims of defamation, invasion of privacy, rights of publicity or any similar matter.

3. AUTHORIZATION OF TREATMENT AND RELEASE: I realize that my voluntary participation in the FILM could constitute a potential risk. I acknowledge that even with the best supervision, and strict observance of rules, accidents are still possible.

I will not hold FILMMAKER, LOCATIONS, or WEBSTER UNIVERSITY responsible in case of accident or injury whether en route to or from or during participation in the FILM. I agree to hold FILMMAKER, LOCATIONS, and WEBSTER UNIVERSITY, its employees, agents, representatives, instructors, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature which may arise by or in connection with participation in the FILM.

In the event of an emergency, I authorize FILMMAKER to make arrangements as reasonably necessary for my welfare. I authorize the Hospital/Physician/Dentist to perform medically necessary procedures.

I UNDERSTAND THAT THE COST OF MEDICAL ATTENTION AND AMBULANCE ARE NOT THE RESPONSIBILITY OF THE FILMMAKER, LOCATIONS, OR WEBSTER UNIVERSITY, ITS EMPLOYEES, AGENTS, REPRESENTATIVES, INSTRUCTORS, OR VOLUNTEERS.

4. OTHER TERMS:

AGREED TO AND ACCEPTED:

FILMMAKER:

CREWMEMBER:

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____