

ACTOR/TALENT DEAL MEMO AND RELEASE

ACTOR/TALENT: _____ Role: _____
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: ACTOR/TALENT'S name will appear in credits as follows:

2. RIGHTS TO RECORDING AND RELEASE: For credit and consideration received, the sufficiency of which is hereby acknowledged, I, _____ (ACTOR/TALENT), hereby irrevocably grant to _____ (FILMMAKER) with respect to the photographs, film, video, recordings or tape taken of me by or on behalf of FILMMAKER (MATERIALS), the unrestricted absolute, perpetual, worldwide right to:

- a) Reproduce, copy, modify, create derivatives in whole or in part, or otherwise use the MATERIALS or any part thereof in combination with or as a composite of other matter, including but not limited to, text, data, images, photographs, illustration, animation and graphics, video or audio segments of any nature, in any media or embodiment, now known or hereafter to become known, including but not limited to, all

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formats of computer readable electronic magnets, digital laser or optical-based media (WORKS) for any purpose whatsoever, and

- b) Use and permit to be used my name, whether in original or modified form, in connection with the WORKS as FILMMAKER may choose, and
- c) Display, perform, exhibit, distribute, transmit or broadcast the WORKS by any means now known or hereafter to become known.

I hereby waive all rights and release and discharge FILMMAKER from, and shall neither sue nor bring any proceeding against such parties for any claim, demand or cause of action whether now known or unknown, for defamation, invasion of right of privacy, publicity or personality or any similar matter, or based upon or relating to the use and exploitation of the MATERIALS.

I agree that there shall be no obligation to utilize the authorization granted by me hereunder. The terms of this authorization shall commence in the date hereof and be without limitation.

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, 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:

ACTOR/TALENT:

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____