## **PERSONAL RELEASE**

Phone

Calvin College, Department of Communication Arts and Sciences 1810 East Beltline Ave SE, Grand Rapids, MI 49546-4388



To Whom It May Concern:
In consideration of my appearance in a short film tentatively titled, I hereby authorize the students and agents of Calvin College ("Producer") to record my name, likeness, image, voice and performance on film, tape or otherwise for use in the above film 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 there from.
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.
This Agreement will in all respects be governed by and interpreted, construed and enforced in accordance with the laws of the State of Michigan.
This Agreement represents the entire understanding of the parties and may not be amended unless mutually agreed to by both parties in writing.
Signature (of legal guardian if minor)
Printed Name Date
Your Title (as it should appear in credits)
Organization
Address
City, State, ZIP

FAX