

INDIVIDUAL RELEASE FORM

Production Companies: Blue Lens, LLC, Heather Harr, and League of Women Voters of PA

Picture(s): tentatively entitled **ReImagine Butler County! Regional Visioning Video Series**

Date(s) of filming: 9/29/18

I, the undersigned, hereby release from liability the above-mentioned Production Companies, and the Picture(s) tentatively entitled **ReImagine Butler County! Regional Visioning Video Series** for the recording, editing, exhibition, sale, and distribution of my visual image, voice and performance as embodied in footage and images used in creating an edited video, show reel, training based programming, television series, motion picture, and other programming intended for, but not restricted to, terrestrial broadcast outlets, DVD sales, and the Internet. I hereby assign all rights to the Production Companies for the use, reproduction, exhibition, sale, and distribution of my visual image, voice and performance as embodied in footage, audio recordings, and images used in creating any of the above-mentioned projects.

I agree that the Production Companies has the right to use, reproduce, distribute, and exhibit the above-mentioned video footage, audio recordings, and images by any method or device now known or hereafter devised, including, but not limited to, television, radio, online, promotional, educational and commercial use and distribution. I waive any right to compensation and agree that these rights shall extend throughout the world and in perpetuity.

Production Companies will have the right to assign this agreement (or any of its rights hereunder) to any person, firm, partnership, organization, or corporation.

I have read, understand and agree to the above terms and conditions. I warrant that I have the right and power to enter into and fully perform this Agreement and to grant Production Companies the rights herein granted.

Individual:

Printed Name

Title

X

Signature

Date

Phone Number

E-mail Address

Address

City

State

Zip

Please sign me up for this film's e-mail list (sign your initials on your choice): YES! NO

IF THE INDIVIDUAL IS YOUNGER THAN 18 YEARS OF AGE, this is required:

Parent/Guardian:

Parent/Guardian Printed Name

X

Parent/Guardian Signature

Date

Address

City

State

Zip

Questions? Please contact: Mark Dixon, mark@lens.blue, 412-204-6098
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