

CREWMEMBER DEAL MEMO

Crewmember: _____ Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell _____

E-mail Address: _____

Social Security No. _____

Filmmaker: _____

Address: : _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell _____

E-mail Address: _____

Producer: : _____

Tentative Title of Film: _____

Starting Date: _____

Contemplated Ending Date: _____

Compensation (if applicable): _____ Daily Weekly Other _____

Box/Kit Rental _____ Daily Weekly Other _____

Equipment Rental _____ Daily Weekly Other _____

Box or kit rentals and/or equipment are the responsibility of the Crewmember. Filmmaker assumes no responsibility for loss or damage unless loss and/or damage is due to Filmmaker's negligence.

Travel/Accommodations _____

Per Diem _____

If given screen credit, how would you like your name to appear?

Other Terms:

Employer of Record: _____

Address: _____

City: _____ State: _____ Zip: _____

All results and proceeds of Crewmember's services hereunder shall constitute a work-made-for-hire, and Filmmaker shall be considered the author thereof 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 Crewmember'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 and Filmmaker's assigns, licensees and successors from any claim that may arise regarding the use of Crewmember's name, photograph, likeness, voice and/or biography, including any claims of defamation, invasion of privacy, rights of publicity or any similar matter.

AGREED TO AND ACCEPTED:

Crewmember _____ Date _____

Producer _____ Date _____

If Signatory is under 18:

I represent and warrant that I am the parent or legal guardian of the minor whose name appears above, that I have read and approve of the foregoing Agreement, and consent to its execution by my child/ward.

Signature of Parent or Guardian

Printed Name

Date