

The Ben Vereen Student Health Initiative

Talent Release Form

I am an on screen and/or an audio participant in a video which is being created for submission to the Ben Vereen Student Health Initiative Essay/Video Contest (BVSHI). I authorize the undersigned Film Maker, Ben Vereen and his affiliate companies, managers, representatives and attorneys, BVSHI, Nederlander of San Diego LLC dba Broadway/San Diego and its producers, sponsors, and affiliates, The Nederlander Organization, Inc. and its affiliated companies and partnerships hereafter referred to as "The Producers" to make use of my appearance/vocal and/or musical performance on:

Title of Film/Video: _____

Date of Taping: _____

Film Maker's Name: _____

Name of School: _____

Film Maker's Phone: _____

Film Maker's Email Address: _____

I understand that I am to receive no compensation for any participation that I may have had in the creation of this video, including artistic or technical contributions, writing, directing, acting, choreography, movement, singing, musical performances, on camera and/or on audio appearances. The Producers shall have complete ownership of the program. The Producers have the right to use my name, likeness and biographical material to publicize their programs and services.

The Producers may:

1. Photograph me and record my voice, musical performance and likeness for the purpose of the production mentioned above, whether by film, videotape, magnetic tape, digitally or otherwise;
2. Make copies of the photographs and recordings so made;
3. Use my name and likeness for the purposes of education, promotion or advertising, or the sale or trading in the photographs, recordings and any copies so made;
4. I further understand the master tape remains the property of the Producers and that there will be no restrictions on the number of times that my name and likeness may be used.
5. These uses will continue in perpetuity.

Talent Name (Print): _____

Talent Signature: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Talent Signature (Parent or Guardian if under 18 years of age):

_____ Date: _____