

SPECTACULAR FOLLIES PHOTO RELEASE

Date: _____

Description of Shoot: 2024 Spectacular Follies - auditions, rehearsals and show

Location of Shoot: various

For valuable consideration herein acknowledged as received, I hereby grant as follows:

1. I irrevocably grant to The Spectacular Follies and their licensees, successors, and assigns the right to use, publish and copyright my name, voice, picture, portrait, and likeness in any and all media and for any use whatsoever, including without limitation, art, stock, advertising, trade and promotion, in perpetuity. If I should receive any print, negative, digital file, film, or other copy, I shall only use it for my own personal use and shall not authorize anyone else to use it. I agree and acknowledge that all right to content is owned by The Spectacular Follies.

2. I agree that no advertisement, product, or other material need be submitted to me for any further approval and The Spectacular Follies, its licensees, successors, and assigns shall be without liability to me for any distortion or illusionary effect or adverse result to me on account of the publication, distribution or broadcast of my picture, portrait or likeness. I consent to the use of my name or a fictitious name, and any print material in conjunction with the photograph/footage in any media.

3. I release, discharge and agree to hold harmless The Spectacular Follies and their licensees, successors, and assigns from any liability arising out of or in connection with the use of the photographs, including any and all claims for libel and or invasion of privacy or publicity.

4. I hereby warrant that I am of full age and have every right to contract in my own name in the above regard. I state further that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents thereof. This agreement shall be binding upon me, my heirs, successors, and assigns.

5. I am an independent contractor and am not eligible for insurance or other benefits. I am solely responsible for my own taxes, insurance, benefits and costs and release Photographer and Videographer from any, and all, liability for any physical injury arising from the Shoot.

Signature: _____

Print Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____

Email address: _____

Witness signature: _____

Witness name printed: _____

