

Multiple Individual Release Form

| Video Program Release for the individuals named below: | |
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| Event: | |
| Program Name: | |
| Producer: | |
| Date: | |
| Location: | |
| | |

I have participated in the above Program as indicated above. In consideration of my appearance on the Program, and without any further consideration from you, I hereby grant permission to you to utilize my appearance in any and all media throughout the world in perpetuity.

I understand that the Program may be edited at your sole discretion. I consent to the use of my likeness, voice and biographical material in connection with Program publicity and promotion.

| Print Name | Print Address | Write Signature | Signature of Parent/ Guardian if individual is under 18 |
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I expressly release you, your agents, employees, licenses and assigns from and against any and all claims which I have or may have for invasion of privacy, defamation or any other cause of action arising out of production, distribution, broadcast or exhibition of the Program.