

# Performance Release



## Performance Release

I \_\_\_\_\_  
in consideration of my appearance and/or creative work on the program of Finger Lakes Media Productions C.O.R.E. (Creative, Original, Reliable, & Efficient) and for no subsequent remuneration, on behalf of myself, my heirs, my executors, administrators, and assignors, do hereby authorize in perpetuity the following organization Finger Lakes Media Productions C.O.R.E. (Creative, Original, Reliable, & Efficient) receiving permission to use live or recorded tape, film, computer drive, microchip, or media, my name, voice, image, performance, musical composition, written work, and/or other material therein for display, exhibition, and/or transmission in classrooms, theaters, and auditoriums, and over any distribution systems worldwide and in any language, including broadcast, cable, satellite, the Internet, and all other distribution media.

I further agree on behalf of myself and those stated above the person or organization stated above and receiving this permission may also use my name, likeness, and biography for publishing and promoting all exhibitions, telecasts, and other associated uses.

I warrant and represent that all material furnished and used by me on any such programs is my own original material, or material that I have full authority to use for such programs.

Furthermore, I agree to indemnify, defend, and hold harmless the person or organization stated above and receiving this permission, and all its employees, officers, directors, trustees, board members, agents, and all affiliated therewith, for any and all claims, suits, or liabilities arising from my appearance and/or performance, visual and/or aural, and use of any of my materials, name, likeness, or biography.

Signature \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Date \_\_\_\_\_

*If the signatory is a minor.*

Signature of legal guardian \_\_\_\_\_

Printed name of legal guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Date \_\_\_\_\_