PRODUCTION COMPANY: PRAXIS MOTION PICTURES

PROJECT TITLE: UPLIFT LA 2020 40 UNDER 40 HONOREE VIDEOGRAPHY

LOCATION: _____

I have participated as indicated on the above mentioned “Project". In consideration of my appearance in the Project, and without any further consideration from you, I hereby grant permission to you to utilize my appearance in connection with the Project in any and all manner and media and all rights of every kind and character whatsoever in perpetuity in and to my performance, appearance, name and/or voice and the results and proceeds thereof (the “Performance”) in connection with the Project, and I hereby authorize PRAXIS MOTION PICTURES to photograph and record (on film, digital, video, tape, or otherwise), the Performance; to edit same at its discretion and to include it with the performance of others and with sound effects, special effects and music; to incorporate same into the Project or other program or not; to use and to license others to use such recordings and photographs in any manner or media whatsoever, including without limitation unrestricted use for purposes of publicity, advertising and sales promotion; and to use my name, likeness, voice, biographic or other information concerning me in connection with the Project, commercial tie-ups, merchandising, and for any other purpose. I further acknowledge that PRAXIS MOTION PICTURES + UPLIFT LA, a committee of the Lewiston Auburn Metropolitan Chamber of Commerce, own all rights to the results and proceeds of my services rendered in connection herewith.

I agree that my participation in the Project may be edited in your sole discretion. I consent to use of my name, likeness, voice and biographical material about me in connection with Project publicity and related institutional promotional purposes. I expressly release you, your agents, employees, licensees 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 Project.

_____	_____
Talent Signature	Print name
_____	_____
Phone	Date

IF TALENT IS UNDER 18:

I represent that **I am a parent (guardian)** of the minor who has signed the above release and I hereby agree that we shall both be bound thereby.

_____	_____	_____
Signature	Print name	Date

PRAXIS
MOTION PICTURES