

2011-12 Be a Reel Hero Contest – Talent Release Form

Entrants must complete and include this form with their entry. This information is mandatory and must be complete for the entry to be considered.

If additional space is needed to complete the information below, please continue on the back.

A talent release form is required from each on-camera or voiceover talent.

ENTRANT INFORMATION

Date	
Title of Entry	
Name of Entrant	
Address, City, Zip Code	
Primary Phone Number	
Alternate Phone Number	
Email Address	

TALENT INFORMATION

Name of Talent	
Is Talent a Minor?	Yes No (circle one)
Role in Entry	
Affiliated with a Talent Union	Yes No (circle one) (If yes, indicate which union and why you are allowed to appear in this entry.)
Address, City, Zip Code	
Primary Phone Number	
Alternate Phone Number	
Email Address	

I (above talent or guardian of talent) hereby grant the above entrant and the California Department of Public Health permission to use photographs and/or record my person – or the talent for which I am legal guardian of – and/or voice on film, video and/or audio tape for the named video entry.

We/I understand the submission will remain the sole and exclusive product of the California Department of Public Health from the date written by the entrant on this release and will remain the sole and exclusive product of the California Department of Public Health indefinitely. The submission, including all such video, video components and all rights of the named video entry, including photographs, recordings, music, voiceovers, supers and/or talent, shall be the exclusive property of the California Department of Public Health and may be used in any manner whatsoever as deemed by the California Department of Public Health. Entrants/talent may use the submission on their own creative reel.

In granting these rights, we/I understand and we/I hereby hold the California Department of Public Health, its agencies and their respective affiliates, officers, directors, agents, co-branders or other partners, and any of their employees (collectively, the "Indemnities"), harmless from any and all claims, damages, expenses, costs (including reasonable attorneys' fees and costs of suit, including, but not limited to, experts costs through appeal) and liabilities (including settlements), brought or asserted by any third party against any of the Indemnities due to or arising out of the entrant's submission, or the entrant's conduct in creating a submission or otherwise in connection with this contest, including but not limited to claims for trademark infringement, copyright infringement; violation of an individual's right of publicity or right of privacy; or defamation. Entrant further agrees to release the California Department of Public Health from any and all claims that any advertising subsequently produced, presented, and/or prepared by or on behalf of the California Department of Public Health infringes entrant's rights with regard to any elements, characters or ideas contained in any submission.

The term on this authorization shall commence on this date and continue indefinitely.

Name of Talent: _____

Name of Guardian (if talent is a minor): _____

Signed by: (Entrant) _____ Date: _____

Signed by: (Talent*) _____ Date: _____

Witnessed by: _____ Date: _____

** Legal guardian must sign if talent is a minor.*