



## TALENT RELEASE FORM

**Date:**

**Name:**

I hereby give the National Alliance on Mental Illness (NAMI) the absolute right and permission to use my biography, story, motion picture footage, still photographs, quotes and/or sound recordings of me for art, advertising, trade or any other lawful purpose whatsoever. This includes rights to print, reproduce, copy, distribute, rent, sell, loan, exhibit, publish and otherwise make full and free use of the film including said photographs and/or recordings.

If my image or voice appears in a final edit, I hereby extend to NAMI the right to and permission to use my likeness and/or voice to be included in whatever form to use throughout North America.

I hereby release, discharge and agree to hold harmless NAMI, its legal representatives or assigns any and all persons acting under its permission or authority or those for whom it is acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any processing tending towards the completion of the finished product.

I understand that NAMI agrees to defend, indemnify and hold me harmless from and against any and all actions, claims, demands, liabilities, expenses and costs, including, without limitation, reasonable attorney's fees and legal expenses, which arise out of any third party claim regarding the gross negligence of NAMI in connection with my participation in this video under this Agreement.

I have read the above release and agree to the terms herein.

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Printed Name and Signature of Talent (if 18 or older) or Parent/Guardian if a Minor      Date

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Name and Age of Minor Child (if under age 18)

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Street Address, City, State, Zip Code

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Email Address

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Phone Number