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**TALENT RELEASE FORM**

**Name:**

**Product:**

**Event/Film Location:**

**Role:**

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 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.

I hereby waive any right to inspect and/or approve the finished product or advertising copy that may be used in connection therewith or the use to which it may be applied for use.

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

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Printed Name and Signature of Talent if over 21 or Parent/Guardian if a minor Date

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Name of Minor Child, if applicable Age

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Street Address