

## ASSUMPTION OF RISK & RELEASE

Working Title: \_\_\_\_\_ (the “Production”)

Person Appearing: \_\_\_\_\_

Production Date(s): \_\_\_\_\_

Production Location(s): \_\_\_\_\_

I authorize Frameworks Pictures (the “Producer”), Producer’s agents, successors, assigns, and designees to record my name, likeness, image, voice, sound effects, interview and performance on film, tape or otherwise (the “Recording”), edit such Recording as Producer may desire, and incorporate such Recording into the Production, any versions of the Production and all related materials thereof, including but not limited to promotion and advertising materials.

Additionally, I hereby acknowledge that participating in the filming of Production involves inherent risks, including but not limited to: 1.) Risk of physical injury; 2.) Risks associated with physical activity; 3.) Risks from equipment, props, or set conditions; and/or 4.) Risks from the actions or negligence of other participants or staff. I assume all risks of loss, damage, or injury that may be sustained while participating in the Production. As such, I hereby release, waive, and discharge the Producer and its officers, directors, employees, contractors, and agents (collectively “Releasees”) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage or injury that I may sustain while participating in the Production. This waiver extends to any negligence of the Releasees, except for gross negligence or willful misconduct.

Additionally, I authorize the Producer to use my contact information provided below to reach out to me regarding this Recording. This includes, but isn’t limited to, SMS text messages, phone calls, emails, or postal letters. This agreement does NOT opt you into marketing messages from the Producer. You are agreeing to essential communication regarding the Recording.

Additionally, I authorize the Producer to obtain emergency medical treatment for me in case of injury, accident, or illness during participation in the Production. The Producer shall make best efforts to contact the emergency contact listed below before requesting such emergency medical treatment. I agree to be treated at \_\_\_\_\_. I agree to be financially responsible for any costs incurred as a result of such treatment and certifies that adequate health insurance is in effect to cover me during participation. Notwithstanding the forgoing, I understand and expressly agrees that the Producer shall not be held liable for the costs and/or injuries caused by such emergency medical treatment.

I agree that I shall be bound by the terms of this Appearance Release.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Medical Contact: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_