

Lucrative Pictures LLC - Release Form

Updated MAY.2020

Production Title: Isolated America

Production Date: ____ / ____ / ____ (first day of filming if more than one)

I, the undersigned, hereby grant permission to Lucrative Pictures LLC, the producer of a documentary on the Coronavirus Pandemic, the right to use my full name, biography, video image, likeness, and audio collected during this production.

I also grant permission to record my image, voice, and performance, and transfer to the filmmaker/photographer all rights, title, and interest in the interview and video documentary. This includes, without limitation, the literary rights and the copyright of my picture, photograph, silhouette, other reproductions of my physical likeness and my voice collected in connection with the unlimited distribution, advertising, promotion, exhibition, and use throughout the world and in perpetuity and on whatever media is known of hereafter devised.

I agree that I will not assert, maintain, or consent to other bringing any claim, action, suit or demand of any kind or nature whatsoever against the Producer including but not limited to, those grounded upon invasion of privacy, rights or publicity or other civil rights, or for any other reason in connection with the authorized use of my physical likeness and sound in "Isolated America" as herein provided. I hereby release the Producer, its directors, officers, successors and assigns from and against any and all claims, liability, demands, actions, causes of action(s), costs, expenses and damages whatsoever, at law or in equity, known or unknown, anticipated or unanticipated, which I ever had, now have, or may, shall or hereafter have by reason, matter, cause or thing arising out of the rights granted to the Producer herein.

The Producer, in return, agrees to retain the integrity of the interviewee's image and voice, neither misrepresenting the interviewee's words nor taking them out of context. I attest that I have voluntarily agreed to be interviewed and that this document contains the entire and complete agreement concerning the use and preservation of my interview.

I, the undersigned, shall not be given any fees for the services provided for this production. Signature of Interviewee (or guardian if under the age of 18):

Agreed and accepted by:

Print Name: _____

Email: _____

Phone: (____) ____ - _____

Address: _____

City, State, Zip: _____

Signature & Date: _____

PARENTAL CONSENT I certify that I am the parent or guardian of the individual above, _____, a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her authorizations referred to in this Media Release.

Signature of Applicant's Parent/Guardian: _____

Address of Parent/Guardian (if different): _____

City, State, Zip Code: _____

Date: _____

Phone Number: _____