

APPEARANCE RELEASE FORM

For good and valuable consideration, receipt of which is hereby acknowledged, I authorize **HOLLYWOOD MUSIC IN MEDIA AWARDS** and their respective parents, affiliates, subsidiaries, licensees, successors and assigns to make use of my appearance for the program/promotion entitled **HOLLYWOOD MUSIC MUSIC IN MEDIA AWARDS** (working title) ("**HMMA**") and in connection with **HMMA** or otherwise.

I agree that you may tape and photograph me, and record my voice, conversation and sounds, including any performance of any musical composition(s), during and in connection with my appearance and that you shall be the exclusive owner of the results and proceeds of such taping, photography and recording with the right, throughout the world, an unlimited number of times in perpetuity, to copyright, to use and to license others to use, in any manner, all or any portion thereof or of a reproduction thereof in connection with the Program / Promotion or otherwise.

I further agree that you may use and license others to use my name, voice, likeness and any biographical material concerning me which I may provide, in any and all media and in the promotion, advertising, sale, publicizing and exploitation of the Program/Promotion and/or otherwise [and ancillary products in connection with the Program/Promotion] and in connection with **HMMA** or **HMMA's** affiliated services, throughout the world in all media, an unlimited number of times in perpetuity. I further represent that any statements made by me during my participation are true, to the best of my knowledge, and that neither they nor my appearance will violate or infringe upon the rights of any third party.

Talent is summarily granted the non-exclusive right to use Program for promotional and publicity purposes. **HMMA** reserves the right to revoke use if **HMMA** determines that said use is inappropriate; i.e. inclusion X-rated programming or in a defamatory or derogatory manner.

I agree that my participation is being rendered on a non-union basis. I acknowledge and agree that my participation shall not be subject to the terms of any collective bargaining agreement. I further acknowledge that **HMMA** is not a signatory to any collective bargaining agreement.

I hereby waive any right of inspection or approval of my appearance or the uses to which such appearance may be put. I acknowledge that you will rely on this permission potentially, at substantial cost to you and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the permissions granted hereunder.

Talent Participation Description: _____

(Please Print) Name: _____	_____
Address: _____	Signature
_____	_____
City/State/Zip: _____	Date
Phone # _____	_____