



TEAM NAME: _____

COLLEGE/UNIVERSITY: _____

Video Shoot Release and Limited Liability Form

I, _____, hereby acknowledge that I am participating in a motion picture being produced by _____ (hereafter, Team Producer) as part of the 2007 College Weekend Movie Festival (hereafter, CWMF).

RELEASE: I hereby irrevocably grant to the Team Producer, the College Weekend Movie Festival, and the individual Colleges and Universities (Brown Mackie College, Cincinnati State Technical and Community College, Northern Kentucky University, the Ohio Center for Broadcasting, the University of Cincinnati, and Xavier University) and the individual media departments involved with producing the CWMF, the right, but not the obligation, in perpetuity throughout the world and in all media, now or hereafter known, to use (in any manner it deems appropriate, and without limitation) in and in connection with the motion picture, by whatever means exhibited, advertised or exploited:

- 1) my appearance in the motion picture, still photographs of me, recordings of my voice taken or made of me by it, any music sung or played by me, and my actual or fictitious name; and/or
- 2) the appearance of the location or property known as: _____, located at _____ of which I am the owner and/or manager with the power to so grant; and/or
- 3) the song or music, known as _____ performed by _____, for which I have the authority to grant*.

*Use of song or music by the Team Producer and/or the CWMF, is strictly limited to the motion picture referenced herein.

LIMITED LIABILITY: Furthermore, I understand that during my participation in the College Weekend Movie Festival I may be exposed to a variety of hazards and risks, foreseen and unforeseen, that may include, but are not limited to, personal injury, property damage and death. To the fullest extent allowed by law, I agree to waive, discharge claims and release from liability the College Weekend Movie Festival, the individual departments, colleges and universities, its officers, directors, employees, agents and leaders from any and all liability on account of, or in any way resulting from Injuries or Damages. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrators and assigns, and includes any minors accompanying me on the CWMF.

(Signature)

(Address)

(Signature of parent/guardian if under 18)

(Home Phone)

(Cell Phone)

(Date)

(E-mail)