



## RELEASE FORM

Name: \_\_\_\_\_

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

City/Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, \_\_\_\_\_ ("you") hereby grant to The Icelandic Festival of Manitoba ("producers"), their agents, affiliates, licensees, successors and assigns the following non-exclusive rights, but not the obligation:

1. To photograph and/or film you in motion pictures, still(s) or videotape form, and to use or incorporate your name, picture, silhouette, voice, identity and other reproductions of your physical likeness ("appearance") as the same may appear in such motion picture, still(s) or videotape form in promotional material.
2. To advertise, broadcast, distribute, exhibit, promote, publicize and reproduce your appearance, throughout the universe, in perpetuity, in all media now known or hereafter devised; and
3. To edit your appearance and to use or incorporate your appearance in the program in any manner or form the producers decide is appropriate or suitable.

Under the Copyright Act, you have (I) the right to have your name associated with your appearance, (the "authorship right"), (ii) the right to restrain any modification of your appearance (the "integrity right"), and (III) the right to restrain any use of your appearance in association with a particular product, service, cause or institution (the "right of association"), all of which together are known as "moral rights". You hereby waive all moral rights as such rights now or hereafter exist, by legislative enactment, or otherwise.

You represent and warrant that you are fully authorized to grant the rights provided for herein. You hereby declare that you are over the age of eighteen (18) years; or if you are under the age of eighteen (18), you have the written consent of your parent or legal guardian.

Sincerely yours,

**The Icelandic Festival of Manitoba**

By: \_\_\_\_\_ Date: \_\_\_\_\_

**Agreed and accepted:**

By: \_\_\_\_\_ Date: \_\_\_\_\_

Signature