DISCLAIMER AND TALENT RELEASE FORM

I/We certify by my signature below, that if chosen to perform in Kollaboration™ Chicago, myself and/or my group will participate on the given date and attend any scheduled mandatory rehearsals. By signing this disclaimer, I and/or my group understand that it is my/our responsibility to be on time for the show and rehearsals and to be fully prepared by show time. I/We understand that only serious emergencies such as hospitalization of myself or another member of my group will be permitted to break this legally binding contract.

If for any reason I/we cannot participate in the show, I/we will contact the appropriate staff members at least two months (60 days) before the show's scheduled date. If any changes arise in my performance time or group member count, it is my/our responsibility to inform the appropriate staff members at least two months (60 days) before the show's scheduled date.

This disclaimer also concludes that any injuries suffered by myself and/or any member of my group during rehearsals or the main show is not now or ever will be the fault of Kollaboration™ Chicago.

By signing this form below, I am stating that I/we have read and understand the above disclaimer.

TALENT RELEASE AND ASSIGNMENT FORM

In consideration for the opportunity to gain experience as a performer and for other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, _____, hereby grant Kollaboration™ Chicago and those acting pursuant to its authority, the absolute right and permission to:

a. Record my/our participation and appearance on videotape, audiotape, film, photograph, or any other medium.
b. Use my/our name, likeness, voice, and biographical material in connection with these recordings.
c. Exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose which Kollaboration™ Chicago, and those acting pursuant to its authority, deem appropriate.

I/We further grant Kollaboration™ Chicago the right to copyright such pictures and images in its own name or to publish, to market, and to assign without further consideration, compensation, or report to me/us.

I/We hereby waive any rights or interests that I/we might have in the pictures and images, including any rights to inspect and/or approve the finished photographs and images or the use of which it may be applied so long as its use shall be lawful.

I/We expressly release, discharge and agree to hold harmless Kollaboration™ Chicago, their officers, representatives, agents, and employees from and against any and all claims, demands, and causes of action which I/we might have arising from any actual or alleged violation or infringement of any trademark, trade name, contract, agreement, copyright (common law or statutory), patent, invasion of privacy, defamation, or any other cause of action arising out of the production, distribution, and exhibition of the photographs and image.

I HAVE READ THE FOREGOING RELEASE AND AUTHORIZATION BEFORE SIGNING BELOW. I VERIFY THAT I AM AUTHORIZED TO SIGN BELOW ON BEHALF OF ALL THE MEMBERS IN MY GROUP. I WARRANT THAT I AM 18 YEARS OF AGE OR OLDER AND FULLY UNDERSTAND THE CONTENTS OF THIS RELEASE.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

If participant (including any group members) is under 18 years old: I am the parent or legal guardian of the participant listed above/in the group. I hereby affirm that I have the legal right to sign this release form on behalf of the named individual below.

NAME OF PARTICIPANT: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____