THE Art OF Continuity

FILMMAKING AS A SCRIPT SUPERVISOR

THE ART OF CONTINUITY
STUDENT RELEASE

For valuable consideration received, the receipt and sufficiency of which are hereby acknowledged, I _____ (name of Student) grant to Dawn Gilliam, her successors, assigns, and all persons or entities acting with Dawn Gilliam's permission, the unrestricted right to use, re-use, publish and re-publish my likeness, picture, portrait, photograph, sound and/or voice recording, including video tapes, digital or other information in all forms of media now or hereafter known and in all manner, including electronic media, in still, single, multiple, moving or video format, in whole or part and/or composite representations, with the condition that these rights apply only to media created from my participation in the video segment of the course (The Art of Continuity) or media given to Dawn Gilliam by myself for her use. These may be used in conjunction with my own or a fictitious name, including alterations, modifications, derivations and composites thereof, throughout the world and universe for advertising, promotion, trade, or any lawful purposes.

This right shall include, but not be limited to, the right to alter my likeness, by digital means or otherwise, for the purposes set forth herein.

I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith or the use to which it may be applied.

I acknowledge that the initial class session (The Art of Continuity) and/or video production was conducted in a proper and professional manner, and this release was willingly signed.

I affirm that I am over the age of majority and that I am fully able to contract, in my own name, with Dawn Gilliam concerning the class, The Art of Continuity.

I have read this release; I fully understand the contents and consequences. This release is binding upon me and my heirs, legal representatives, and assigns.

NAME:_____ DATE:_____

ADDRESS:_____

CITY:_____

STATE or COUNTRY:_____

ZIP CODE:_____

PHONE NUMBER:_____

EMAIL ADDRESS:_____