

# PHOTO- AUDIO WAIVER

2016

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

Clinic Venue and Date: \_\_\_\_\_

I \_\_\_\_\_ hereby consent to have my interview, and/or my work handling and riding horses appear in an audio-visual film presentation (as it pertains to the handling, training and riding of horses using “Feel & Release”) and other educational clips for the internet that will be released under various audio-visual media, print or electronic files and titles produced by DIAMOND LU PRODUCTIONS, LLC of Bath, New Hampshire.

I understand that this interview may be reproduced and marketed and I will receive no monetary compensation for my appearance in this educational and/or commercial documentary film project.

I further understand that my actual given name, or a different name, may be used in the narration of the film/audio visual production unless I wish it not to be used.

I GIVE YOU / DO NOT GIVE YOU (circle preference) my permission to use my name in these videos. \_\_\_\_\_ (Write name to be used.)

I further understand that I will not have any editorial control over the final product and my portion of the tape, and hereby agree to waive all rights to use of the audio visual materials.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Street / Postal Code and City / Country

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

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2016

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For and in consideration of my engagement as a student and/or a model for an instructional book and/or audio-visual presentation on horsemanship and horseback riding, written, directed and produced by Leslie Desmond, and produced by Diamond Lu Productions, LLC of Bath, NH, hereafter referred to as the director/ producer, photographer and videographer / film maker, on terms or fee hereinafter stated, I \_\_\_\_\_ hereby give Leslie Desmond, her legal representatives and assigns, those for whom the director/producer, photographer and videographer / film maker is acting, and those acting with her permission, or her employees, the right and permission to copyright and/or use, reuse and/or broadcast and republish photographs and audio/videotape recordings of me. \_\_\_\_\_ (Initials)

I clearly understand that although it is highly unlikely, I may be unintentionally distorted in character, or form, in conjunction with my own or a fictitious name, or reproductions thereof in color or in black and white made through any media by the director/producer, photographer and videographer / film maker for any purpose whatsoever; including the use of any printed matter in conjunction therewith. \_\_\_\_\_ (Initials)

I hereby waive the right to inspect or approve the finished videotape, DVD, movie, sound track, advertising copy, photographic reproductions or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied. \_\_\_\_\_ (Initials)

I hereby release, discharge and agree to save and hold harmless Leslie Desmond, her representatives, assigns, employees or any person or persons, corporation or corporations, acting under her permission or authority, or any person, persons, corporation or corporations, for whom she might be acting, including any firm publishing and/or distributing the finished product, in whole or in part, from and against any liability as a result of any distortion, blurring, or alteration, optical illusion, or use in any composite form that may occur or be produced in the taking, processing or reproduction of the finished product, its publication, distribution or broadcast of the same even should the same subject me to ridicule, scandal, reproach, scorn or indignity. \_\_\_\_\_ (Initials)

I hereby certify that I am (over/under) twenty-one years of age, and competent to contract in my own name insofar as the above is concerned. \_\_\_\_\_ (Initials)

I am compensated as follows: There will be no monetary compensation for my role and/or my appearance in this audio-visual presentation, or for any other form in which this material may ever be prepared, presented, sold, distributed, broadcast or published. \_\_\_\_\_ (Initials)

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

Clinic Venue and Date: \_\_\_\_\_

I have read, understood and agree to the foregoing release and terms before affixing my signature below. . \_\_\_\_\_ (*Initials*)

I have been advised to consult my attorney before signing this document. This contract constitutes my authorization and agreement to its terms. I fully understand and agree to what I have read above and on Page 1 of this agreement, and I acknowledge that it is a voluntary binding agreement not to sue Diamond Lu Productions, LLC, Leslie Desmond and or her representatives, assigns, employees or any person or persons, corporation or corporations, acting under her permission or authority, or any person, persons, corporation or corporations, for whom she might be acting. \_\_\_\_\_ (*Initials*)

\_\_\_\_\_  
Full Signature

COMPLETE THE CONTACT INFORMATION SO YOU CAN BE NOTIFIED OF THE RELEASE OF THE MATERIALS IN WHICH YOU HAVE AGREED TO PARTICIPATE.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Street / Postal Code and City / Country

E-Mail \_\_\_\_\_

Website: \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Fax # \_\_\_\_\_

**PHOTO- AUDIO WAIVER**

**2016**

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

Clinic Venue and Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

If under 21 years of age.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness.

I hereby certify that I am the parent and/or guardian of \_\_\_\_\_, a child under the age of twenty-one years, and in consideration of the terms stated above, I hereby consent that any photographs and/or videotapes which have been, or are about to be made by the director/producer, photographer and videographer / film maker, may be used by her for the purposes set forth in the original release herein stated previously, signed by the child student/model, with the same force and effect as if it were executed by me.

\_\_\_\_\_  
Signature(s) of Parent / Guardian

If under 21 years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street

\_\_\_\_\_  
Town, State, Zip and Country

\_\_\_\_\_  
Telephone(s)

\_\_\_\_\_  
Street

\_\_\_\_\_  
Town, State, Zip and Country

\_\_\_\_\_  
Telephone(s)