



**SHORT FROM TALENT / APPEARANCE RELEASE**

**AUTHORIZATION TO REPRODUCE NAME, PHYSICAL LIKENESS AND/OR VOICE**

1. I hereby irrevocably grant to Mental Health Colorado (and its parent, subsidiary and affiliated corporations and their respective successors, assigns, licensees, employees, clients and agents), the right in perpetuity throughout the universe, and in all now known and hereafter existing media, and in any language, to use my name, physical likeness and/or voice recorded on or about as recorded in an interview, and/or audio commentary (the "Property") in and in connection with (1) the production, exhibition and advertising, publicity and promotion of the project tentatively entitled "*Youth Voices for Mental Health*" ("Picture"). I agree that the foregoing grant includes the right to use my physical likeness in any form, including, without limitation, a photograph, picture, artistic rendering, silhouette or other reproduction by photograph, film, tape or otherwise.
2. I hereby release Mental Health Colorado from, and I covenant not to sue Mental Health Colorado for, any claim or cause of action, whether known or unknown, for libel, slander, invasion of right of privacy, publicity or personality or of any moral rights provided under any copyright legislation or otherwise, violation of data protection or privacy laws, or any other claim or cause of action, based upon or relating to the use of my name, quotes, the Property or the Picture or any portion thereof, or the exercise of any of the rights referred to herein.
3. I represent and warrant that I have the right to grant the above mentioned rights and that the consent of no other person, firm, corporation or labor organization is required to enable Mental Health Colorado and its successors and assigns to use my name, likeness and/or voice as described herein and that such use will not violate the rights of any third parties. I shall indemnify Mental Health Colorado and its successors and assigns from and against any and all claims, costs and expenses resulting from any breach by me of any of the foregoing representations and warranties.
4. I acknowledge that nothing herein requires Mental Health Colorado to use my name, likeness and/or voice as described herein or in connection with the Picture or the Franchise.
5. The rights granted herein includes the consent to use excerpts or stills from the Property or the Picture (including excerpts or stills containing my name, likeness and/or voice), in any other project, program, motion picture, publication or recording.
6. In the event of any breach of this Agreement by Mental Health Colorado, my sole remedy shall be an action at law for damages and I irrevocably waive any right to obtain equitable or injunctive relief.
7. Mental Health Colorado has the right to assign this Agreement. I may not assign this Agreement.
8. This Agreement is governed by the laws of the State of Colorado, United States of America applicable to agreements executed to be fully performed therein.
9. This Agreement contains the full and complete understanding between the parties and supersedes all prior agreements and understandings pertaining hereto and cannot be modified except by a writing signed by each party.

I hereby certify and represent that I have read the foregoing and fully understand the meaning and effect thereof, and intending to be legally bound I have signed this Authorization this      day of      , 20     

Signature: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PARENTAL AUTHORIZATION IF ABOVE SIGNEE IS UNDER EIGHTEEN (18) YEARS OF**

**AGE:** I hereby consent and agree to the above as the Parent/Legal Guardian of  
(name of minor) (in which case "SIGNEE" as used therein shall refer to said minor).

SIGNATURE OF PARENT/ LEGAL GUARDIAN RELATIONSHIP TO MINOR

\_\_\_\_\_

PRINT NAME

Signature