

## Appearance Release

For good and valuable consideration, receipt of which is hereby acknowledged. I authorize Coaches Aid ("Company") and their respective parents, affiliates, subsidiaries, licensees, successors and assigns to make use of my appearance for the program tentatively entitled: "Coaches Aid Video" ("Program") and in connection with Producer and/or Company or otherwise.

I agree that you may tape and photograph me, and record my voice, conversation and sounds, including any performance of any musical compositions(s), during and in connection with my appearance and that you shall be the exclusive owner of the results and proceeds of such taping, photography and recording with the right, throughout the world, an unlimited number of times in perpetuity, to copyright, to use and to license others to use, in any manner, all or any portion thereof or of a reproduction thereof in connection with the Program or otherwise. For purposes of clarity, I expressly waive any and all moral rights I may have in connection with my appearance.

I further agree that you may use and license others to use my name, voice, likeness and any biographical material concerning me which I may provide, in any and all media and in the promotion, advertising, sale, publicizing and exploitation of the Program and/or otherwise and ancillary products (e.g., merchandise) in connection with the Program and in connection with Producer and/or Company or Company's affiliated services, throughout the world in all media, an unlimited number of times in perpetuity. I further represent that any statements made by me during my appearance are true, to the best of my knowledge, and that neither they nor my appearance will violate or infringe upon the rights of any third party.

I hereby waive any right of inspection or approval of my appearance or the uses to which such appearance may be put. I acknowledge that you will rely on this permission potentially, at substantial cost to you and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the permissions granted hereunder.

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

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

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

City/State/Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

I am a parent (or guardian) of the minor who has signed this release and consent and I hereby agree that I and the said minor will be bound by all the provisions contained herein.

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

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

Coaches Aid Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

