



INDIVIDUAL ADULT TALENT RELEASE FORM FORM

NAME OF INDIVIDUAL		AGE
RELEASE AGREEMENT		
<p>I , hereby, give consent to the Marianas Association for Growth of Islanders (MAGI) the irrevocable right to use my name, any form of original photography, video, and audio in all media and manners, without any restriction as to changes or alterations for advertising, trade, promotion, exhibition, or any other lawful purposes, and I waive any right to inspect or approve the photograph(s) or finished version(s) incorporating the photograph(s), including written copy that may be created and appear in connection therewith.</p> <p>I , hereby, release and agree to hold Marianas Association for Growth of Islanders (MAGI) harmless from any liability. I agree that MAGI owns the copyright of the photographs/video/audio or works derived from there from, including but not limited to claims for either invasion of privacy or libel.</p> <p>I am of legal age (over 18 years old) and competent to sign this release. I agree that this release shall be binding on me, my legal representatives, and assigns. I have read this release and am fully aware of it's content.</p>		
NAME (PLEASE PRINT CLEARLY):		SIGNATURE:
ADDRESS:		
DATE SIGNED:	PHONE:	EMAIL ADDRESS