

AllHealth Insurance Services, Inc.

VIDEO SUBMISSION RELEASE

(Document must be signed by the Producer and everyone who works on or appears in a Submission (excluding those individuals appearing as members of a crowd in crowd shots). Pages 2 and 3 may be duplicated as needed and included with this cover page to constitute a complete Release packet.

“Producer” = _____
[Print name(s) of Person(s) creating and submitting a Submission only]

By signature below, each of the undersigned signifies his or her agreement as follows:

For good and valuable consideration, including the possibility of publicity, the receipt and sufficiency of which is hereby acknowledged, I hereby irrevocably grant to Producer all services and appearances rendered by me, and all ideas and materials provided by me, in connection with the development, production and/or exploitation of print, graphic, audio and/or visual or other content, projects, productions, campaigns and/or programs relating to AllHealth Insurance Services, Inc. (“AllHealth”). My services are a “work-for-hire” as that term is used in copyright law.

I hereby irrevocably give and grant to Producer all rights of every kind and character whatsoever in all media and languages now known or hereafter devised (including, but not limited to, film, television, videocassettes, interactive devices and Internet and on-line systems) throughout the world, in perpetuity, in and to all work done, and all poses, acts, plays and appearances made by me, my voice and instrumental, musical or other sound effects produced by me, and in and to all of the results and proceeds of my services as well as in and to the right to use my name, likeness and photographs, either still or moving, for all commercial and non-commercial purposes (including, but not limited to, merchandising, advertising and promotion purposes). Without limiting the foregoing, I further irrevocably give and grant to the Producer Parties the right to adapt, change, edit, modify, add to, delete, combine with other materials, record, reproduce, distribute and otherwise exploit the same by any means now known or hereafter devised. Producer and the Producer Parties may freely assign or transfer its rights hereunder, in whole or in part.

I hereby irrevocably agree that I will not assert nor maintain against the Producer, its licensees, successors or assigns, or any of their directors, officers, employees or representatives (“Producer Parties”), any claim, action, suit or demand of any kind or nature, whatsoever, including, but not limited to, those grounded upon invasion of privacy or of publicity or any other rights (including, without limitation, intellectual property rights), defamation, libel or slander or for any other reason in connection with the exercise of the rights granted herein. I realize that Producer is relying upon this Release in using me in the making of the Project and, accordingly, I hereby irrevocably waive any and all rights to seek or obtain any injunctive or other equitable relief against any of the Producer Parties. I further acknowledge and agree that any breach by me of this Release will cause Producer Parties irreparable harm, and therefore, that each of the Producer Parties will be entitled to injunctive or equitable relief (without the need to post bond or surety or show harm) in addition to all other remedies available at law or in equity, in any court of competent jurisdiction. The releases hereunder are intended to apply to all claims not known or suspected to exist with the intent of waiving the effect of California Civil Code Section 1542 and other laws requiring the intent to release future unknown claims. This Release will be governed by the laws of the State of California applicable to agreements executed and to be fully performed therein (without regard to the conflict of laws provisions thereof).

No compensation will be paid hereunder.

Name: _____

Address: _____

Phone Number: _____

E-mail address: _____

Age and Date of Birth: _____

Worked on / Appears in Video: (circle one)

If appears in video, describe personal characteristics:

I have read and agree to the AllHealth Video Submission Release.

Accepted and Agreed To By:

Dated as of: _____
[Insert date of or prior service/appearance]

Signature: (Producer)

Signature: (Person appearing / working / submitting)

NOTE: If possible, obtain a copy of a driver's license or other positive identification for each of the above listed people and attach hereto. If any individual is under 18 years of age, the attached Parental Consent to this release must be signed by a parent or legal guardian on behalf of the minor.

Document may be reproduced as needed.

IF A PERSON UNDER 18 YEARS OF AGE WORKS ON OR APPEARS IN THE SUBMISSION, THE FOLLOWING MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN.

I am the father, mother or duly appointed guardian of the below noted child with full parental rights and authority, and I have read the AllHealth Video Submission Release that my child has signed. I hereby consent to, join in and approve that agreement, will ensure that my child honors his/her obligations and will indemnify and hold Producer Parties (as defined therein) harmless against any and all claims or damages related in any way to the rights granted therein, my child's performance or obligations thereunder, any breach of that agreement or any attempt to disaffirm that agreement.

Parent or Legal Guardian Name

Child's Name

Signature

Parent's Phone Number

Address:

E-mail address

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