west toronto
KEYS
to INclusion
westtorontokeys.com
keystoinclusion@gmail.com

INDIVIDUAL PHOTO / MEDIA RELEASE

Release of: _____
My appearance [Appearance] and/or [hereafter referred to as Materials]

Release to: **West Toronto KEYS to INclusion Inc.**
c/o Kate Manson – Program Administrator
647 - 777- 3371

For the production entitled "KEYS" and any other related productions, that may be created in the future [Program]

1. In Consideration of the appearance of myself and/or materials, as set out above, in the Program and without any further consideration from KEYS, I hereby grant permission to KEYS to utilize my Appearance Materials in connection with the Program in any and all manner and media in perpetuity.

2. I agree that my Appearance or Materials in the Program may be edited in KEYS sole discretion and that KEYS shall not be obliged to include my Appearance or Materials in the Program. I consent to the use of my Appearance, including the use of my first name only, likeness, voice and biographical material and/or my Materials in connection with the publicity and promotion of the Program. I expressly release KEYS, its agents, employees and licensees, distributors and assigns from and against any and all claims which I have or may have for invasion of privacy, defamation, personal injury or any other cause of action arising out of the production, distribution, broadcast, promotion or exhibition of the program.

3. KEYS may assign its rights under this Agreement in full or in part to any person, firm or corporation, only as it relates to the Program.

4. It is understood that there is no cost or charge involved in the use of my Appearance or Materials in connection with the Program.

5. I am the legal owner of the Materials set out herein, and hold the sole and exclusive right in and to the Materials for this grant of rights to KEYS.

6. I have read and fully understood all of the terms of this Agreement and it is the entire agreement between us.

NAME of KEYS PARTICIPANT:
NAME OF PARTICIPANT PARENT / GUARDIAN / CAREGIVER:

ADDRESS:

SIGNED: _____ DATE: _____