



APPEARANCE RELEASE - MINOR

I grant the ICA and its representatives the right to record me for no remuneration. The ICA may use all or some of these recordings and my name in an ICA project entitled _____, other projects, and their related materials (collectively, the "Projects"). I understand that the Projects may be distributed worldwide in a variety of ways, including television (broadcast, cable and satellite), cassettes and DVDs and their packaging, on the Internet, and any new media.

By signing this release, I acknowledge that the ICA and its assigns shall own the copyright in the recordings they make of me. The ICA assumes no responsibility for my decision to appear in the Projects.

Signature of Minor: _____ Age: _____

Please also print your name here: _____

Address: _____

Email address (optional): _____

Date: _____ Tel. (h) _____

By signing this release I represent that I am the custodial parent or legal guardian of the minor named above and agree that he/she is to be bound by the terms of the release.

Signature of Parent or Legal Guardian

Please also print parent's or legal gaurdian's name here:

Address: _____

Date: _____ Tel. (h) _____ (o) _____