

GABRIEL FILMS, INC.
For World Vasectomy Day

APPEARANCE RELEASE

I authorize Gabriel Films Inc. ("Producer") and its respective parents, affiliates, subsidiaries, licensees, successors and assigns to make use of my appearance as part of the World Vasectomy Day project.

I agree that Producer may tape and photograph me, and record my voice, conversation and sounds, including any performance of any musical composition (s), during and in connection with my appearance and that Producer shall be the exclusive owner of such taping, photography and recording with the right, throughout the world.

I further agree that Producer may 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, and publicizing of the Event and in any capacity to help support the Event.

(Please Print) Name: _____
Address: _____
City/State/Zip: _____
Phone #: _____
Last 4-Soc. Sec.#: _____

Signature

Date

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: _____
Please Print
Signature

Date