Louix Dor Dempriey Foundation New Year's Eve Retreat (28 December 2016 – 2 January 2017)

Recording Release Form

Recording Release Form
I [Please print full legal name],
LDDF shall have the sole right to use and exploit the Recordings in the following manner: include them in published unpublished works, in any and all media; distribute, show, and adapt the Recordings or any portion of them for any mediu in the United States and/or foreign countries; cut, edit, add to, subtract from, arrange, rearrange, and revise any or all of the Recordings; and promote it in any manner LDDF desires. LDDF shall have sole ownership of all rights in the Recordings and shall be responsible for securing trademarks, service marks, and copyrights to protect its interests against infringement LDDF shall have the sole right to the use of Participant's name, voice, likeness, sound, and similar characteristics for the purpose of advertising, promoting, selling, and otherwise merchandising the Recordings of the Event.
LDDF and Participant shall indemnify and hold harmless each other and their agents, successors, and assigns from any a all liability, including, but not limited to, costs, attorneys' fees, and any judgments or losses whatsoever suffered by reason the breach or alleged breach of any provision of this agreement.
Participant fully releases LDDF and all other persons and associations, from any and all claims and causes of action the Participant may presently have or may have in the future relating to my participation in the above-mentioned Recording including any claims for compensation of any kind, including but not limited to royalties and commissions on sale or use the Recordings in accordance with this agreement.
By signing my name below, I acknowledge that this release is legally binding, that I am eighteen years of age or older,* that have read this document, and am fully familiar and in agreement with its contents.
Executed by:
[Legal Name of Participant]
[Signature of Participant]
[Date]
* Please complete below if participant is a minor (under the age of 18): I am the Parent or Guardian of the minor name above and have the legal authority to execute this release on behalf of the above mentioned minor.
[Legal Name of Parent/Guardian]
[Signature of Parent/Guardian]
PLEASE COMPLETE (for use in notifying you of future events and sending you our e-mail newsletter):
Contact information [E. moil Address]
[E-mail Address] [Phone number]
[Street Address]

[City/State/Postal Code]