

BREKIN THRU" TALENT RELEASE FORM

Talent Name: [TALENT'S NAME] (the "Talent")

Address: [TALENT'S MAILING ADDRESS]

Phone Number: [TALENT'S PHONE NUMBER]

Email Address: [TALENT'S EMAIL ADDRESS]

Producer Name: [PRODUCER'S NAME] (the "Producer")

Production Company Name: [Golden Age Media Entertainment LLC]

Address: [5154 W. Patrick Lane suite 110A Las Vegas Nv 89118]

Phone Number: [PRODUCER'S PHONE NUMBER]

Email Address: [PRODUCER'S EMAIL ADDRESS]

Project Name: ["Brekin Thru"]

Recording Location: [The Wall @ Area 15]

Recording Date: [July 28th - August 3]

I hereby authorize the Producer to record and edit into the Project and related materials my name, likeness, image, voice, and participation in and performance on videotape, audiotape, film, photograph, or any other physical or digital medium for use in the above Project or parts thereof. I agree that the Project may be edited and otherwise altered at the sole discretion of the Producer and used in whole or in part for any and all broadcasting, non-broadcasting, audio/visual, or exhibition purposes in any manner or media, in perpetuity, throughout the world.

I hereby certify that I am over 18 years of age and am competent to contract in my own name insofar as the above is concerned, or that I am the parent or legal guardian authorized to sign

on behalf of a person under the age of 18. I have read the foregoing release before affixing my signature below and warrant that I fully understand the contents thereof. I understand that this release is perpetual, that I may not revoke it, and that it is binding on me and my heirs and assigns.

Talent's Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Signature: _____ Date: _____

Print Name: _____