PERSONAL RELEASE FORM

(To be used for all persons appearing on film)

_____

Name of Person Appearing on Film

_____

Name of Film

_____

Name(s) of Producer(s)

I understand that the Producer(s) are producing a film to be entered into *The Bronze Screen* Student Film Competition sponsored by Farmers Insurance Group of Companies.

In consideration of my appearance in the film named above, I hereby authorize the Producer(s) listed above and Farmers Insurance Group of Companies to record my name, likeness, image, voice, and performance on film, tape or other media for use in the above named Film ("Film"). I also agree that the Producer(s) listed above and Farmers Insurance Group of Companies Film may edit, mix or duplicate and use or re-use the Film in whole or in part for any and all broadcasting, audio/visual, and/or exhibition purposes in any manner or media. This grant also includes the right to use the Film or portions thereof for promotion and/or publicity efforts.

I understand that I have no rights to the Film or any benefits derived therefrom.

I agree to indemnify and hold harmless the Producer(s) of the Film, Farmers Insurance Group of Companies and their successors from and against all claims, losses, expenses, and liabilities of every kind, including attorney's fees, rising out of the inaccuracy or breach of any provisions of this agreement.

I expressly release the Producer(s) of the Film, Farmers Insurance Group of Companies and their successors from any and all claims arising out of the use of the Film.

By signing this agreement, I also grant permission to Farmers Insurance Group of Companies and their successors to reproduce, in whole or in part, the Film for publications and exhibitions and to distribute, in whole or in part, the Film for promotional or educational purposes.

This agreement represents the entire understanding of the parties and may not be amended unless mutually agreed to by both parties in writing.

_____

Signature of Person Appearing on Film Age Date

_____

Address City State Zip Code

IF THE PERSON APPEARING IN THE FILM IS UNDER 18 YEARS OF AGE,
THE FOLLOWING MUST ALSO BE COMPLETED

I represent that I am the parent and/or guardian of the minor who has signed above. I agree that we shall both be bound by this agreement.

_____

Signature of Parent and/or Guardian Date