

APPEARANCE RELEASE

PRODUCTION DATE(S): _____ LOCATION: _____

PROJECT: **SciGirls** _____

PARTICIPANT: _____
(please print full name)

For good and valuable consideration, including my appearance in the Twin Cities Public Television, Inc., ("TPT") series *SciGirls* ("Series"), I hereby authorize TPT to record my name, likeness, image, voice and performance on film, tape or otherwise ("Materials"). I represent that I am a bona fide amateur. I agree that the Materials may be edited as desired and used in whole or in part in any form, format, manner or media, now known or hereafter devised, for any distribution purpose, throughout the world in perpetuity by TPT and/or its assigns. I understand and agree that the Materials may be used in the Project or in any other materials at TPT's sole discretion. I understand that I have no rights to the Project, Materials, and any other products or benefits derived therefrom.

I represent that I have the right to enter into this Agreement and that my performance and the rights I have granted in this Agreement will not conflict with or violate any commitment or understanding I have with any other person or entity. I agree to indemnify and hold harmless TPT from and against all claims, losses, expenses, and liability of every kind including reasonable attorney's fees arising out of the inaccuracy or breach of any provision of this Agreement. I expressly release TPT from any and all claims arising out of the use of the Materials.

This Agreement represents the entire understanding of the parties with respect to the subject matter hereof. This Agreement and all rights hereunder, shall be fully assignable by TPT. This Agreement is entered into within the State of Minnesota and shall be governed and construed in accordance with Minnesota law as if this Agreement were to be fully performed within the State of Minnesota without giving effect to principles of conflicts of laws. The parties agree to submit solely and exclusively to the jurisdiction of the state and federal courts of the State of Minnesota to resolve any disputes arising hereunder.

Signature: _____ Date: _____

Print Name: _____

Street Address: _____

City, State, & ZIP: _____

Phone Number: _____

Email address: _____