APPEARANCE RELEASE

For good and valuable consideration, receipt of which is hereby acknowledged, I authorize OLD FASHION HEALTH LLC ("Producer") and its parents, affiliates, subsidiaries, licensees, successors and assigns, to make use of my appearance in the following project or program: Kids-R-Chefs (the "Program").

I agree that Producer may tape and photograph me, and record my voice, conversation and other 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 the results and proceeds of such taping, photography and recording with the right, throughout the world, an unlimited number of times in perpetuity, to copyright, use, edit, modify, fictionalize, add to, delete and license others to use, in any manner, all or any portion thereof, or of a reproduction thereof, in connection with the Program and the business of Producer generally. For purposes of clarity, I expressly waive any and all so-called "moral rights" or *droit moral* I may have in connection with my appearance.

I further agree that Producer may use and license others to use my name, voice, likeness and any biographical material concerning me that I may provide, in the production, promotion, advertising, sale, publicizing and exploitation of the Program, including without limitation ancillary products (e.g., merchandise) in connection with the Program, and in connection with Producer and its business and affiliated services, throughout the world in all media, an unlimited number of times in perpetuity. I further represent that any statements made by me during my appearance are true, to the best of my knowledge, and that neither they nor my appearance will violate or infringe upon the rights of any third party.

I hereby waive any right of inspection or approval of my appearance or the uses to which such appearance may be put. I acknowledge that Producer will rely on this permission potentially at substantial cost to Producer and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the permissions granted hereunder.

Name: _____ _____
Signature*

Address: _____

_____
Date

_____

Phone: _____

Email: _____

* IF PARTICIPANT IS A MINOR:

Name of person signing this release and relationship to participant named above:

_____