



ICGMV



Talent Release Form

I, the undersigned, grant Kronos Health and ICGMV the absolute rights and permission to use, reproduce, copy, exhibit or distribute the videotape, audio tape, photographs, or computer files (referred to hereafter as “Video”) in which I may be included for the sole purpose of promoting the services and programs provided by Kronos Health and ICGMV.

I hereby release, discharge, and agree to hold harmless Kronos Health and ICGMV from any liability or injury that may occur while performing or appearing in the Video.

I understand that Kronos Health and ICGMV have no financial commitment or obligation to me as a result of this agreement. I hereby give all clearances, copyright, and otherwise, for the use of my name, likeness, image, voice, appearance and performance embodied in the Video.

I understand that it is neither expected nor required that I participate in the Video, and I have the right to halt my participation at any point during filming.

In the case of a minor, I hereby warrant that I am the legal guardian of the minor named below and have every right to contract for him/her in the above regard. I state further that I have read the above authorization, release and agreement prior to its execution, and that I am familiar with the contents thereof.

Date_____

Printed Name_____

Legal Name_____

Witness Signature_____