



Little Rock Branch **NAACP**

CONTRACT and RELEASE OF MEDIA INTERESTS AND RIGHTS

For the good and valuable consideration, including but not limited to the right to participate in the Little Rock Branch ACT-SO Competition, to be able to win valuable prizes and recognition in my area(s) of competition. I (consignee) hereby irrevocably grant you, your successors, licensees and contractors the following:

1. The right to record my voice and/or likeness or film, videotape, print or on any other media in connection with the production of any program for broadcast, film videotape, or any other media;
2. The editorial rights associated with any recording of my voice and/or likeness on film, videotape, print or on any other media in connection with the production of any program for broadcast, film, videotape, print or on other media; and
3. The right to exhibit, transmit, or reproduce visual and print media showing my entry and/or my participation in the ACT-SO competition

The Little Rock Branch NAACP agrees to take appropriate steps to ensure that: it, its successors, licensees and contractors will present your entry, any recording of your voice and/or likeness whether on film, videotape, print, or on any other media in connection with the production of any program for broadcast, film, videotape, or any other media, in a manner that reflects positively on the NAACP, ACT-SO and Consignee. In return the Consignee agrees not to institute, assert or consent to other institute, assert, or consent to others instituting, asserting any legal action or law suit against the NAACP, ACT-SO, their successors, licensees, or contractors on any grounds, including but not limited to program content, print content, advertising and advertisers, fees, contractual terms and marketing.

The Consignee agrees that the NAACP, its successors, licensees and contractors can rely upon this contract and release. The parent (s) of minor ACT-SO participants, by signing this document, binds the participant, other parties, and all heirs to the terms of this contract and release.

NAME OF ACT-SO PARTICIPANT:

ADDRESS OF ACT-SO PARTICIPANT:

CITY/STATE/ZIP CODE:

PARENT(s) NAMES(s)

ADDRESS (if different from Contestant):

TELEPHONE NUMBER OF PARENTS: (Cell)

(Work)

SIGNATURES:

Parent

ACT-SO Participant

ACT-SO OFFICIAL:

DATE:

After completing this form online, download and email from your Finder Window to info@lrnaacp.org