

DIRECTOR: JOHN A. LIEURANCE, D.C.  
PRODUCER: JOHN A. LIEURANCE, D.C.

## **ACTOR RELEASE CONSENT**

I (the undersigned) hereby grant to Advanced Wellness Center, LLC, the right to photograph, video-record, and sound record any performances, poses, actions, plays and appearances, and subsequently use the photographs, silhouette and other reproductions of my physical likeness in connection with the testimonial motion picture or physician training motion picture.

I hereby grant to Advanced Wellness Center, LLC, their successors, assigns, and licensees, the perpetual right to use, as they may desire, all still and motion pictures, sound track recordings, and records which are taken of myself or my voice, and the right to use my name or likeness in or in connection with the exhibition, advertising, exploitation and/ or publicizing of the picture including, but not limited to, internet website information, as well as for educational and training purposes. I further grant the right to reproduce in any manner whatsoever any recordings, including all instrumental, musical or other sound effects produced by myself in connection with the production and/or post production of the picture.

I agree that I will not assert or maintain against Advanced Wellness Center, LLC, their successors, assigns, and licensees, any claim, action, suit or demand of any kind or nature whatsoever, including, but not limited to, those grounded upon invasion of privacy, rights of publicity, or other civil rights, or for any reason in connection with their authorized use of my physical likeness and sound in the picture, as herein provided.

By my signature, I understand that I will, to the best of my ability, adhere to the schedule agreed to prior to the beginning of my engagement. Additionally, I agree, to the best of my ability, to make myself available should it be necessary, to rerecord my voice and/ or record voice-overs and otherwise perform any necessary sound work required after the end of filming. Should I not be able to perform such sound work, I understand that Advanced Wellness Center, LLC, may enter into agreement with another person to rerecord my dialogue and/ or voice-overs and use this sound work over my picture, or however they deem appropriate.

I further acknowledge and agree that any commitments beyond the scope and intent of this release are the sole responsibility of the above named production, or it's duly appointed representative(s) and NOT Advanced Wellness Center, LLC.

I hereby certify and represent that I am over 18 years of age, and have read the foregoing, and fully understand the meaning and effect thereof.

Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_