

And I hereby authorize the editing, re-recording, duplication, reproduction, copyright, sale, exhibition, broadcast and/or distribution of said recording (s), film (s), and photograph for the purpose of Soap Opera episode Monday part 2.

I understand that participation in this project is voluntary and that I may at anytime discontinue my involvement. I also understand that my participation or non-participation will in no way jeopardize my relation with Wiltshire College.

I understand that the recordist/cinematographer/photographer can see no risk presently, and that I take full responsibility for my involvement in this project and the risks that it may entail (be they legal, physical, or mental).

My name and participation may be kept confidential and not associated in any way with the finished recording (s), film (s), photograph (s), or printed material (s) if I so choose.

Tick here if you wish to remain anonymous _____* if under 18, a parent or legal guardian must sign this form.

I hereby certify that I am over 18 years of age and am competent to contract in my own name insofar as the above is concerned. If I am under eighteen years of age my parents have read this document and have given their consent by signing below.

I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

Signature (indicate relationship if parent of talent)

D. Paget

Print or type name

Daniel Paget

Date *08/10/13*

George



TALENT RELEASE FORM

I hereby assign the rights to the video recording (s), audio recording(s), motion picture filming, photograph (s), made of me this date, 07/10/2013, here after referred to as the recordist/cinematographer/photographer.

And I hereby authorize the editing, re-recording, duplication, reproduction, copyright, sale, exhibition, broadcast and/or distribution of said recording (s), film (s), and photograph for the purpose of

Fitness Corp opera

I understand that participation in this project is voluntary and that I may at anytime discontinue my involvement. I also understand that my participation or non-participation will in no way jeopardize my relation with Wiltshire College.

I understand that the recordist/cinematographer/photographer can see no risk presently, and that I take full responsibility for my involvement in this project and the risks that it may entail (be they legal, physical, or mental).

My name and participation may be kept confidential and not associated in any way with the finished recording (s), film (s), photograph (s), or printed material (s) if I so choose.

Tick here if you wish to remain anonymous _____ * if under 18, a parent or legal guardian must sign this form.

I hereby certify that I am over 18 years of age and am competent to contract in my own name insofar as the above is concerned. If I am under eighteen years of age my parents have read this document and have given their consent by signing below.

I am compensated as follows:

I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

Signature (indicate relationship if parent of talent)

George

Print or type name

George Youns

Date

08/10/2013

TALENT RELEASE FORM

I hereby assign the rights to the video recording (s), audio recording(s), motion picture filming, photograph (s), made of me this date, 07/10/2013, here after referred to as the recordist/cinematographer/photographer.

And I hereby authorize the editing, re-recording, duplication, reproduction, copyright, sale, exhibition, broadcast and/or distribution of said recording (s), film (s), and photograph for the purpose of

Filming soap opera

I understand that participation in this project is voluntary and that I may at anytime discontinue my involvement. I also understand that my participation or non-participation will in no way jeopardize my relation with Wiltshire College.

I understand that the recordist/cinematographer/photographer can see no risk presently, and that I take full responsibility for my involvement in this project and the risks that it may entail (be they legal, physical, or mental).

My name and participation may be kept confidential and not associated in any way with the finished recording (s), film (s), photograph (s), or printed material (s) if I so choose.

Tick here if you wish to remain anonymous _____ * if under 18, a parent or legal guardian must sign this form.

I hereby certify that I am over 18 years of age and am competent to contract in my own name insofar as the above is concerned. If I am under eighteen years of age my parents have read this document and have given their consent by signing below.

I am compensated as follows:

I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

Signature (indicate relationship if parent of talent)



Print or type name

ADAM SCOTT

Date

8/10/13

TALENT RELEASE FORM

I hereby assign the rights to the video recording (s), audio recording(s), motion picture filming, photograph (s), made of me this date, 07/10/2013 - 08/10/2013, here after referred to as the recordist/cinematographer/photographer.

And I hereby authorize the editing, re-recording, duplication, reproduction, copyright, sale, exhibition, broadcast and/or distribution of said recording (s), film (s), and photograph for the purpose of Soap Opera episode Monday part 2.

I understand that participation in this project is voluntary and that I may at anytime discontinue my involvement. I also understand that my participation or non-participation will in no way jeopardize my relation with Wiltshire College.

I understand that the recordist/cinematographer/photographer can see no risk presently, and that I take full responsibility for my involvement in this project and the risks that it may entail (be they legal, physical, or mental).

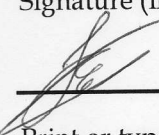
My name and participation may be kept confidential and not associated in any way with the finished recording (s), film (s), photograph (s), or printed material (s) if I so choose.

Tick here if you wish to remain anonymous _____ * if under 18, a parent or legal guardian must sign this form.

I hereby certify that I am over 18 years of age and am competent to contract in my own name insofar as the above is concerned. If I am under eighteen years of age my parents have read this document and have given their consent by signing below.

I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

Signature (indicate relationship if parent of talent)



Print or type name

JODIE EDMUNDS

Date 04/10/13

TALENT RELEASE FORM

I hereby assign the rights to the video recording (s), audio recording(s), motion picture filming, photograph (s), made of me this date, 07/10/2013 - 08/10/2013, here after referred to as the recordist/cinematographer/photographer.

And I hereby authorize the editing, re-recording, duplication, reproduction, copyright, sale, exhibition, broadcast and/or distribution of said recording (s), film (s), and photograph for the purpose of Soap Opera episode Monday part 2.

I understand that participation in this project is voluntary and that I may at anytime discontinue my involvement. I also understand that my participation or non-participation will in no way jeopardize my relation with Wiltshire College.

I understand that the recordist/cinematographer/photographer can see no risk presently, and that I take full responsibility for my involvement in this project and the risks that it may entail (be they legal, physical, or mental).

My name and participation may be kept confidential and not associated in any way with the finished recording (s), film (s), photograph (s), or printed material (s) if I so choose.

Tick here if you wish to remain anonymous _____ * if under 18, a parent or legal guardian must sign this form.

I hereby certify that I am over 18 years of age and am competent to contract in my own name insofar as the above is concerned. If I am under eighteen years of age my parents have read this document and have given their consent by signing below.

I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.



Signature (indicate relationship if parent of talent)

Sam Blacker

Print or type name

04/10/2013

Date

TALENT RELEASE FORM

I hereby assign the rights to the video recording (s), audio recording(s), motion picture filming, photograph (s), made of me this date, 07/10/2013 - 08/10/2013, here after referred to as the recordist/cinematographer/photographer.

And I hereby authorize the editing, re-recording, duplication, reproduction, copyright, sale, exhibition, broadcast and/or distribution of said recording (s), film (s), and photograph for the purpose of Soap Opera episode Monday part 2.

I understand that participation in this project is voluntary and that I may at anytime discontinue my involvement. I also understand that my participation or non-participation will in no way jeopardize my relation with Wiltshire College.

I understand that the recordist/cinematographer/photographer can see no risk presently, and that I take full responsibility for my involvement in this project and the risks that it may entail (be they legal, physical, or mental).

My name and participation may be kept confidential and not associated in any way with the finished recording (s), film (s), photograph (s), or printed material (s) if I so choose.

Tick here if you wish to remain anonymous _____ * if under 18, a parent or legal guardian must sign this form.

I hereby certify that I am over 18 years of age and am competent to contract in my own name insofar as the above is concerned. If I am under eighteen years of age my parents have read this document and have given their consent by signing below.

I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.



Signature (indicate relationship if parent of talent)

CHRIS DEAKIN

Print or type name

04/10/2013

Date

TALENT RELEASE FORM

I hereby assign the rights to the video recording (s), audio recording(s), motion picture filming, photograph (s), made of me this date, 07/10/2013 - 08/10/2013, here after referred to as the recordist/cinematographer/photographer.

And I hereby authorize the editing, re-recording, duplication, reproduction, copyright, sale, exhibition, broadcast and/or distribution of said recording (s), film (s), and photograph for the purpose of Soap Opera episode Monday part 2.

I understand that participation in this project is voluntary and that I may at anytime discontinue my involvement. I also understand that my participation or non-participation will in no way jeopardize my relation with Wiltshire College.

I understand that the recordist/cinematographer/photographer can see no risk presently, and that I take full responsibility for my involvement in this project and the risks that it may entail (be they legal, physical, or mental).

My name and participation may be kept confidential and not associated in any way with the finished recording (s), film (s), photograph (s), or printed material (s) if I so choose.

Tick here if you wish to remain anonymous _____ * if under 18, a parent or legal guardian must sign this form.

I hereby certify that I am over 18 years of age and am competent to contract in my own name insofar as the above is concerned. If I am under eighteen years of age my parents have read this document and have given their consent by signing below.

I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

Bradley Regan

Signature (indicate relationship if parent of talent)

Bradley Regan

Print or type name

04/10/2013

Date

TALENT RELEASE FORM

I hereby assign the rights to the video recording (s), audio recording(s), motion picture filming, photograph (s), made of me this date, 08/10/13, here after referred to as the recordist/cinematographer/photographer.

And I hereby authorize the editing, re-recording, duplication, reproduction, copyright, sale, exhibition, broadcast and/or distribution of said recording (s), film (s), and photograph for the purpose of

future soap opera

I understand that participation in this project is voluntary and that I may at anytime discontinue my involvement. I also understand that my participation or non-participation will in no way jeopardize my relation with Wiltshire College.

I understand that the recordist/cinematographer/photographer can see no risk presently, and that I take full responsibility for my involvement in this project and the risks that it may entail (be they legal, physical, or mental).

My name and participation may be kept confidential and not associated in any way with the finished recording (s), film (s), photograph (s), or printed material (s) if I so choose.

Tick here if you wish to remain anonymous _____ * if under 18, a parent or legal guardian must sign this form.

I hereby certify that I am over 18 years of age and am competent to contract in my own name insofar as the above is concerned. If I am under eighteen years of age my parents have read this document and have given their consent by signing below.

I am compensated as follows:

I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

PW

Signature (indicate relationship if parent of talent)

Peter Wiltshire

Print or type name

Date

8/10/13

TALENT RELEASE FORM

I hereby assign the rights to the video recording (s), audio recording(s), motion picture filming, photograph (s), made of me this date, 07/10/13, here after referred to as the recordist/cinematographer/photographer.

And I hereby authorize the editing, re-recording, duplication, reproduction, copyright, sale, exhibition, broadcast and/or distribution of said recording (s), film (s), and photograph for the purpose of

I understand that participation in this project is voluntary and that I may at anytime discontinue my involvement. I also understand that my participation or non-participation will in no way jeopardize my relation with Wiltshire College.

I understand that the recordist/cinematographer/photographer can see no risk presently, and that I take full responsibility for my involvement in this project and the risks that it may entail (be they legal, physical, or mental).

My name and participation may be kept confidential and not associated in any way with the finished recording (s), film (s), photograph (s), or printed material (s) if I so choose.

Tick here if you wish to remain anonymous _____ * if under 18, a parent or legal guardian must sign this form.

I hereby certify that I am over 18 years of age and am competent to contract in my own name insofar as the above is concerned. If I am under eighteen years of age my parents have read this document and have given their consent by signing below.

I am compensated as follows:

I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

M. BOWLER

Signature (indicate relationship if parent of talent)

M. BOWLER

Print or type name

Date 07/10/13