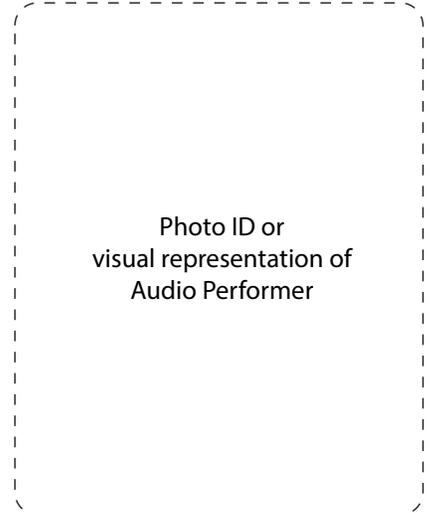


Audio Performer Release Under 18 - Minor

I, _____, the undersigned Parent/Guardian of the minor child mentioned below (sometimes hereinafter referred to as the "Performer") give to _____ (the "Audio Contributor"), his/her legal representatives and successors, as well as persons or corporations, including Dreamstime.com, acting with her/her permission, unlimited permission to use, and/or publish and/or copyright audio recordings or phonographs of the Performer, and the digital information relevant to them, in which the Performer's voice or other sounds created by the Performer may be captured, including through the use of any instrument or other device used or played by the Performer. I understand that such recording by the Audio Contributor may be edited and arranged by the Audio Contributor, or by the Audio Contributor's assignees or licensees, including Dreamstime.com (which are deemed collectively included in the definition of the "Audio Contributor"), for audio recordings, phonographs, or audiovisual productions (the "Works"). I agree that any rights that the Performer may have in the Works or the Performer's contribution to the Works, are hereby expressly and irrevocably assigned to the Audio Contributor, and that the Audio Contributor shall, without restriction, be exclusively entitled to use, assign, or license to others the right to use the Works without restriction, in any media throughout the universe, in perpetuity, and without liability to the Performer. The Audio Contributor reserves the right to use any distortion, alternation, or special effects. I further agree that the Works may be distributed and performed through any and all media, whether now known or hereafter existing. I further understand and agree that the Audio Contributor has the right to release the Works, using the Performer's name, stage name, band name, age, nationality, and/or city of residence, in any media now known or which becomes known in the future. Hereby I renounce any right that the Performer might have to inspect or approve the Works, or the use to which they may be applied. To the extent, if any, that the foregoing does not provide the Audio Contributor with full ownership, right, title, and interest in and to the Works, I hereby grant to the Audio Contributor an exclusive perpetual, irrevocable, assignable, fully-paid, royalty-free, worldwide license to reproduce, create derivative works from, distribute, publicly display, publicly perform, use, make, have made, offer for sale, sell or otherwise dispose of, and import copies of the Works, with the right to sublicense each and every such right. I specifically, but without limitation, waive and agree that the Performer may not bring any claims against the Audio Contributor predicated upon mental anguish, false light, invasion of privacy, or allegedly deceptive business or trade practices. Furthermore, I release the Audio Contributor from any claims for pay associated with any form of damage, foreseen or unforeseen, related to any artistic or commercial use of the Works, unless it can be proven beyond any doubt that such use was made maliciously with the sole purpose of causing the Performer to be subject to ridicule, reproach, scorn, or indignity. I acknowledge that the recording session took place in a completely correct and professional manner, and that this release was signed willingly at its termination.

I certify that I am the Parent/Guardian of the Performer mentioned below and consent on his/her behalf to the above release terms and rights granted.



- | | |
|---------------------------------------|---|
| <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
| <input type="checkbox"/> ASIAN | <input type="checkbox"/> AFRICAN AMERICAN |
| <input type="checkbox"/> HISPANIC | <input type="checkbox"/> CAUCASIAN/WHITE |
| <input type="checkbox"/> MULTI-RACIAL | <input type="checkbox"/> OTHER |

AUDIO PERFORMER'S FULL NAME *

AUDIO PERFORMER'S DATE OF BIRTH (MM DD YYYY) *

PARENT'S/GUARDIAN'S FULL NAME *

PARENT'S/GUARDIAN'S SIGNATURE *

PARENT'S/GUARDIAN'S STREET ADDRESS *

POSTAL/ZIP CODE

PARENT'S/GUARDIAN'S PHONE WITH INTERNATIONAL COUNTRY CODE *

TOWN/CITY *

PARENT'S/GUARDIAN'S E-MAIL ADDRESS

COUNTRY *

Fields marked with * are ALL mandatory. Please fill all data in CAPITAL LETTERS. No PO box accepted for address.

DATE (MM DD YYYY)

AUDIO CONTRIBUTOR'S FULL NAME *

AUDIO CONTRIBUTOR'S SIGNATURE *

WITNESS FULL NAME *

WITNESS SIGNATURE *

Audio Performer, Parent/Guardian and/or the Artist cannot witness this document. Document must be printed first and signed by hand.

This form will be retained with all negatives, transparencies, source files, and/or contact sheets.