



Field Producer: Anurodh Vaidya

Autism Media Channel ("Producer")

Date: \_\_\_/\_\_\_/\_\_\_

6507 River Place Blvd #2

Austin, Texas 78730

USA

#### STANDARD GUEST FIELD PRODUCTION RELEASE

In consideration of the opportunity to appear on media produced by Autism Media Channel, and for other good and valuable considerations, the receipt and sufficiency of which is hereby acknowledged:

1. I hereby irrevocably grant Producer the right to forever use, reuse and license to others my name, voice, picture, materials, and/or statements made by me, including during the pre-production and post-production (including during the selection and pre-interview process) for any use throughout the universe, in all media now known or hereinafter invented including without limitation promotional use by Autism Media Channel, or use in future productions, newsletter, and/or on the Autism Media Channel website. Producer will have total ownership in perpetuity of the aforementioned produced media in which I or the materials supplied by me appear. I understand I may be videotaped and recorded at any time and consent to same. I acknowledge and agree that Producer has the sole and exclusive right to use my appearance as Producer sees fit and I understand that Producer has no obligation to use my appearance. Producer reserves the right to cancel or reschedule the taping of my appearance, or to refuse entry to any party at any time.

2. I understand and acknowledge that any future productions by Producer may consist of an "investigative" format discussion about vaccines and the possible health risks they may incur. By its nature, any future productions may include heated discussions, commentary and remarks. I have been told the general intended subject matter of the possible future productions, but have been made no promises regarding the specific

content thereof. I acknowledge that there have been no promises made about the final content of the future productions, which incorporates my appearance. I represent and warrant that all of the Personal Information I have or will reveal, and all other statements I have or will make, are truthful and accurate. I irrevocably consent to Producer's use of any and all such Personal Information in accordance with Paragraph 1 above.

3. I covenant and agree not to sue Autism Media Channel and its officers Andrew Wakefield, Polly Tommey and Brian Burrowes, collaborators on the Documentary, and/or their respective distributors, partners, joint venturers, successors, heirs, representatives, assigns, affiliates, licensees, agents, officers, directors, shareholders, employees and attorneys, and each of them (the "Indemnified Parties") for any and all loss, claims or injuries of every kind and nature which I may now have or may hereafter acquire arising out of or in connection with the future productions by Autism Media Channel including, without limitation: (a) any claims, demands and causes of action for invasion of privacy or publicity, defamation, infliction of emotional distress and any other tort in connection therewith; (b) because I do not like the manner in which Producer granted and/or used my name, voice, appearance, or Personal Information in any future productions (or derivative works); (c) because Producer did not produce, tape and/or broadcast any future productions; (d) because I do not like the questions, responses or outcome of the future productions; and (e) because Producer did not fully disclose the subject matter of any future productions or the identity of other guests appearing in any future productions. My agreement not to sue is a private, voluntary transaction with Producer whereby I, in consideration of the opportunity to appear on or in conjunction with any future productions (including, without limitation, production, taping, distribution, marketing, and promotion of any future productions) and for other good and valuable consideration, agree to shoulder the risk the law might otherwise place on Producer or the Indemnified Parties described herein. I further agree that should I violate this agreement and covenant by filing suit against the Indemnified Parties, in that event, each of them shall be entitled to their attorneys' fees as damages in addition to any other damages they may suffer as a consequence of my breach of this agreement.

4. I represent that I own all materials I bring to Autism Media Channel and have obtained all necessary releases from third parties who appear in the materials and I grant you permission to use them in accordance with this Release. I release Producer from any and all liability for loss or damage to person or property while shooting.

5. I have not or agree not to contact the press, give any interviews or go on the Internet (including any social networking sites, or online message board/chat room) to disclose or discuss any information relating to my experience with any future productions, or to

the behind-the-scenes of any future productions without first obtaining Producer's consent. I will not write a book, magazine article or newspaper article, or publish or submit for publication any writing relating to behind-the-scenes of any future productions, about my experience with any future productions, real or fictional without first obtaining Producer's consent.

6. In signing this release, I agree that my statements on film, regarding my experiences, are true, accurate, and unfabricated.

7. The determination that any provision of this Agreement is invalid or unenforceable shall not invalidate this Agreement, and the remainder of this Agreement shall be valid and enforceable to the fullest extent permitted by law.

8. In signing this release, no promises have been made to me other than as set forth herein, and I have not relied on any representations or other statements that are not contained herein. I further agree that no oral agreements or amendments are binding on Producer unless and until reduced to writing and signed by a duly authorized officer of Producer. I acknowledge and agree that this release shall be deemed made and performed in \_\_\_\_\_, whose substantive laws shall govern and whose courts shall have exclusive jurisdiction over any dispute relating to this agreement.

AGREED AND ACCEPTED:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Legal Signature      Date      Address

\_\_\_\_\_  
Name (Printed)      Phone Number      email

If the guest is under eighteen years of age, I approve the terms of this Release and guarantee performance by my child or ward. If custody of the minor is shared, I represent that I am the custodial parent with the authority to sign this Release binding my child or ward.

\_\_\_\_\_  
Name of Minor      \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian      Address