

APPEARANCE RELEASE FORM

(insert name of producers/production company and address and title of project)

I authorize _____ (Producers names)
to make use of my appearance for the following _____ (Name
of Programme) as part of their course project for CY1101 / CM 9001 in the School of Physical
and Mathematical Science at Nanyang Technological University.

I agree that the producer(s) may tape and photograph me, and record my voice,
conversations and sounds, including any performance of any musical composition (s). I
declare that any statements made by me during my appearance are true, to the best of my
knowledge, and that neither they nor my appearance will violate or infringe upon the rights
of any third party.

I understand that the producers of this program shall be the exclusive owners of the results
of the recording and that they may screen it anywhere in the world, an unlimited number of
times in any manner.

I further agree that they may use and license others to use my name, voice, likeness and any
biographical material concerning me which I may provide, in any and all media in any
promotional effort for the programme anywhere in the world, in all media, an unlimited
number of times.

I hereby waive any right of inspection or approval of my appearance or the uses to which
such appearance may be put.

Name : _____

NRIC: _____

Address: _____

Contact No.: _____

Signature: _____

Date: _____

I am a parent (guardian) of the minor who has signed this release and I agree that the minor and I will be bound by all the provisions.

Name : _____

NRIC: _____

Address: _____

Contact No.: _____

Signature: _____

Date: _____