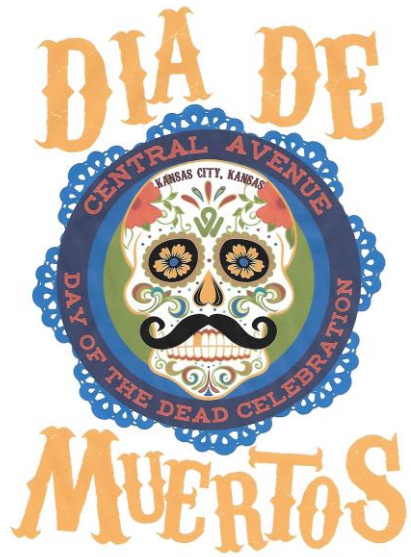


# Volunteer's Personal Appearance Release Registration Form



*Please print, providing complete information*

Production date: \_\_\_\_\_

Person Volunteering \_\_\_\_\_

Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Volunteering for \_\_\_\_\_

Name of event	Day of the Dead Celebration
Name of Project	Fundraising.
Name of producer	Central Avenue Betterment Association
Production location	6 <sup>th</sup> Street to 18 <sup>th</sup> Street on Central Avenue, KC KS 66101/102

IMPORTANT: Return this form to CABA at 1520 Central Avenue, Kansas City Kansas. 66102.

Creative work release; I, authorize producer to create promotional materials for the event from my participation. I certify that I have fully read and understood this release form and acknowledge that I can request a copy of this any time. I understand that I have authorized the producer to use all or part of the materials produced, including my name, likeness, image and/or voice. Producer may use and authorize others to use all or part of the materials produced. Producer, its successors and assigns shall own right, title and the interest, including copyright, in and to the project, including the recordings, to be used and disposed of without limitation as producer shall in its sole discretion determined.

Volunteers Signature

Date

