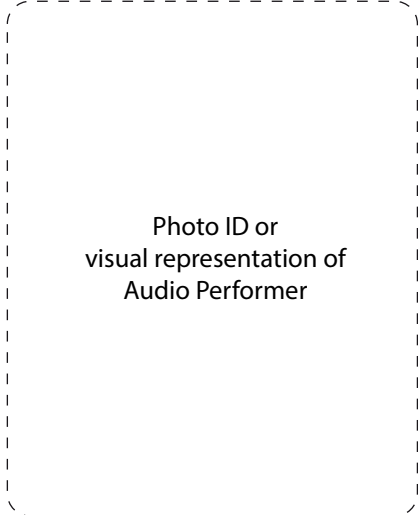


Audio Performer Release

I, _____
 the undersigned performer (sometimes hereinafter referred to as the "Performer") give to _____
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- | | |
|---------------------------------------|---|
| <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) *

 AUDIO PERFORMER'S STREET ADDRESS *

 POSTAL/ZIP CODE

 AUDIO PERFORMER'S PHONE WITH INTERNATIONAL COUNTRY CODE *

 TOWN/CITY *

 AUDIO PERFORMER'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 *

The Audio Performer 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.