



THE UNIVERSITY OF THE WEST INDIES
CAVE HILL CAMPUS, P.O. BOX 64, BRIDGETOWN BB1 1000, BARBADOS

FACULTY OF CULTURE, CREATIVE AND PERFORMING ARTS
ERROL BARROW CENTRE FOR CREATIVE IMAGINATION
Telephone: (246) 417-4776 **Email:** ebcci@cavehill.uwi.edu

USE OF NAME AND IMAGE

Project Name _____

Executive Producer: _____ THE UNIVERSITY OF THE WEST INDIES - CAVE HILL CAMPUS

Address: _____ P.O. Box 64, Bridgetown, Barbados, BB11000 **DATE:** _____

I, the undersigned, hereby grant permission to **THE UNIVERSITY OF THE WEST INDIES - CAVE HILL CAMPUS** ("Executive Producer") to photograph me and record my voice, performance, poses and appearances, and use my picture, photograph, silhouette, and other reproductions of my physical likeness, voice and sound as part of the production tentatively entitled:

_____ (the "Picture"),

and the unlimited distribution, promotion, and exhibition of the "Picture" by any method or device now known or hereafter devised in which the same may be used, and/or incorporated and exhibited.

I understand and agree that these materials shall become the property of THE UNIVERSITY OF THE WEST INDIES, CAVE HILL CAMPUS ("Executive Producer").

I agree that I will not assert or maintain against you (the "Executive Producer") or your successors any claim, action, suit, or demand of any kind or nature whatsoever, including but not limited to, those grounded upon invasion of privacy, rights of publicity or other civil rights, or for any other reason in connection with your authorized use of my physical likeness and sound in the Picture as herein provided. I hereby release you and your successors from and against any and all claims, liabilities, demands, actions, costs and expenses whatsoever, at law or in equity, which I ever had, now have, or may, shall or hereafter have by reason, matter, cause or thing arising out of your use as herein provided.

I have read the foregoing and fully understand the meaning and effect thereof and, intending to be legally bound, I have signed this release.

Agreed to and accepted by

PRINT NAME

SIGNATURE

TELEPHONE

DATE

ADDRESS