FrameYourFilm

CONSENT FORM

Production Company: Chavada Films

Producer/Director: Yogi Chavada

1. Consent to Appear: I,_____ the undersigned, hereby grant _____, its agents, employees, licensees, and assigns (collectively referred to as the "Producer"), the irrevocable right and permission to film, record, and photograph my image, likeness, voice, performance, and statements for use in the documentary tentatively titled _____.

2. Use of Footage and Materials: I understand that the footage and materials may be used in connection with my private documentary only. The material may not be used for digital publications, public broadcast, social media, or any purposes beyond personal, archival use, or private screening without my written permission.

3. Rights Granted: I grant Yogi Chavada, Chavada Films, and their associates the right to use and record photos, videos, and audio of my family. I also authorize Chavada Films to enter our private premises for filming purposes.

4. Artistic Control: I acknowledge and agree that the Producer has sole and exclusive rights to determine the content, structure, and artistic presentation of the documentary. This includes, but is not limited to, the editing, sequencing, and portrayal of any footage or recordings. I waive any right to review, inspect, or approve the final product or its use in any form of media. I understand that Chavada Films will exercise their artistic judgment to create my documentary to accurately represent my story and perspective.

5. Responsibility and Claims: I release and discharge Chavada films and its agents from any and all claims, demands, or causes of action that I may have now or in the future related to the use of my likeness, voice, or performance, including but not limited to claims of defamation, invasion of privacy, or infringement of moral rights. I acknowledge that Chavada Films foresees no significant risks from this project. I take full responsibility for my participation and release Chavada Films from claims, demands, or risks, including potential privacy invasion or emotional distress.

CONSENT FORM

6. Personal and Sensitive Content: I grant permission to use my personal stories and facts of my life, regardless of any sensitive topic. I consent to the collection and use of my personal information as necessary for the production of the documentary, in accordance with applicable privacy laws. My intention with this project is purely to provide a positive message to my loved ones and future generations.

7. Payment Terms and Participation: I understand the terms, conditions, and privacy policies of FrameYourFilm by Chavada Films and their payment options. I take full responsibility for making payments for my private project on time. I confirm that my participation is my own choice and that I am not forced or pressured into granting this consent.

8. Governing Law: This Consent and Release Form is governed by the laws of the States of New Jersey and New York, without regard to its conflict of laws principles.

9. Entire Agreement: This document constitutes the entire agreement between the parties, and no other representations, promises, or agreements, written or oral, shall be binding unless signed by both parties. By signing this form, I fully understand and agree to the terms,conditions and privacy policies of FrameYourFilm by Chavada Films.

10. Revocation of Consent: I understand that I may withdraw my consent at any time by providing written notice to the Organization. However, I acknowledge that such withdrawal will not affect materials already created and published prior to the notice.

11. Benefits: This project is intended to benefit me and my family by preserving our life stories , experiences and legacy in a meaningful way.

FrameYourFilm

CONSENT FORM

SIGNATURES

Participant Name (Print): _____

Participant Signature: _____

Date: _____

If Participant is under 18, Parent/Guardian Signatures:

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____