FrameYourFilm

TESTIMONIAL RELEASE FORM

Production Company: Chavada Films

Producer/Director: Yogi Chavada

1. Consent to Use Testimonial: I,_____ the undersigned, hereby grant _____ , its agents, employees, licensees, and assigns, the irrevocable right and permission to use my written, audio, or video testimonial in connection with its promotional, marketing, and informational materials.

2. Use of Testimonial: I understand and agree that my Testimonial may be used in various media formats, including but not limited to brochures, websites, social media, videos, and other promotional materials, without further notification, inspection, or approval.

3. Authorization to Use Name and Likeness: I authorize the use of my name, likeness, image, voice, and other identifying details as part of my Testimonial. If I prefer to remain anonymous, I have indicated this preference below.

4. Rights Granted: I waive any right to royalties or compensation arising from the use of my Testimonial. I acknowledge that I have no ownership rights over the materials created by the Organization that include my Testimonial.

5. Accuracy of Testimonial: I confirm that my Testimonial is based on my honest experience and reflects my personal opinions, and that I have not been compensated or coerced to provide it.

6. 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.

FrameYourFilm

TESTIMONIAL RELEASE FORM

7.Entire Agreement: I confirm and agree to the video consent form and also the terms, conditions and privacy policies of FrameYourFilm by Chavada Films.

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

SIGNATURES

Participant Name (Print): _____

Participant Signature: _____

Date: _____

If Participant is under 18, Parent/Guardian Signatures:

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____