

Norther Nightingales CASTING CALL SUBMISSION RELEASE FORM

Please fill in, sign, scan and send to: nnauditions@gmail.com

Name of Applicant (Singer Auditioning) _____

Age of Applicant _____

If Applicant is under 18

Name of authorized Parent or Guardian _____

By signing and returning a copy of this Form, I hereby acknowledge and agree to the following:

1. I own exclusively, or I am the authorized signatory for the exclusive owner(s) of, all rights to the Submission including but not limited to copyright and all underlying rights and the voice in the video is the voice of Applicant Singing.
2. The Material does not infringe upon or violate the rights of privacy of, or violate any rights of any person. It does not contain any graphic content unsuitable for kids 8+.
3. I agree to retain an original copy of the Material that I submit to Hop To It and I fully release and discharge Hop To It from any liability in connection with any loss or damage to the Material.
4. The Producer Hop To It, as referred to herein, shall be deemed to include all parent, affiliated and related companies of Hop To It the employees, agents and contractees thereof and its successors, licensees and assigns.
5. I have read and agree to the Casting Call Guidelines.
6. I hereby grant to the Producer the right to use and share Submission Materials including Applicant’s agreed first name, video, voice, CV and images in connection with promotion, casting, pitching, developing and behind the scenes of the Northern Nightingales Project in all media. In addition, I grant to the Producer complete discretion in how and where they edit and/or use the Materials. Nothing herein shall obligate Hop To It to evaluate or review or use or publish the Submission.
7. I acknowledge that I shall receive no compensation in connection with this submission. Participation in the teaser and series will be negotiated and paid separately under ACTRA rules.
8. This Form represents the entire understanding between me and Hop To It.
9. Applicant and I are residents of Ontario. This Form shall be governed by the laws of the Province of Ontario and federal laws of Canada applicable therein.
10. I am over the age of 18 and execute this Consent and Release freely and voluntarily with full understanding of its contents.

AGREED AND ACCEPTED BY:

Signature: _____

Date: _____

Print Name: _____

Postal Code: _____

Telephone: _____

Email: _____