



**HOMETOWN HEALTH TV, LLC d/b/a RED APPLES MEDIA  
TALENT RELEASE AGREEMENT**

\* I consent to the use of my name, voice, image, likeness, and any and all attributes of my personality, in, on or in connection with any film, audio tape, video tape, audio-visual work, photograph, illustration, animation, or broadcast, in any media or embodiment, now known or unknown, including, without limitation, all formats of computer readable media, produced by or for the benefit of as well as any advertising or promotional material created or used in connection with Hometown Health TV, LLC and its agents, subsidiaries and, or clients.

\* I irrevocably assign to Hometown Health TV, LLC, its parent, subsidiaries and clients any and all claims of copyright I may have and the exclusive and perpetual right throughout the world to use, print, produce, publish, copy, display, perform, exhibit, transmit, broadcast, disseminate, market, advertise, sell, license, transfer, modify, and create derivative works in any media or format, now known or unknown, for any purpose whatsoever as it directly relates to Hometown Health TV, LLC and I waive any right to inspect or approve the content I am providing.

\* I hereby release, discharge, and agree to hold harmless Hometown Health TV, LLC, its legal Representatives, clients and assigns, all persons acting under its authority, and those for whom it is acting, from all claims, causes of action and liability of any kind, now known or unknown, in law or inequity, based upon or arising out of this agreement including, without limitation, claims of libel, slander, invasion of privacy, right of publicity, defamation, trademark infringement, and copyright infringement. **Any personal or private medical or health information I share is done so with complete knowledge and free will.**

\* I acknowledge this agreement will be binding upon my heirs, successors and representatives.

**Date :** \_\_\_\_\_  
(signature, parent or legal guardian if under 18 years)

**Name :** \_\_\_\_\_

**Address :** \_\_\_\_\_

\_\_\_\_\_

**Telephone :** \_\_\_\_\_

**Email :** \_\_\_\_\_

**Location:** \_\_\_\_\_