

STANDARD APPEARANCE RELEASE

Program Title: Miles of Music

Producer name & contact info: Robert Miles  
202 West Fairwood Drive  
Suite 2, Chalfont, PA 18914

Person Appearing: \_\_\_\_\_

Production Date: \_\_\_\_\_

Production Location: Peter Max Art Studio  
37 West 65th Street, 7th Floor  
New York, NY 10023

I authorize the Producer to record and edit into the Program and related materials my name, likeness, image, voice, interview, and performance. The Producer may use and authorize others to use all or parts of the Program for non-profit use in any media now or in the future. The Producer shall own all rights, titles, and interests, including the recordings, to be used and disposed of without limitations, that the Producer shall in sole discretion determine.

I expressly release the Producer from all claims arising out of any covenant or warranty I have made herein.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_  
(if interviewee is under 18)

Telephone/Email: \_\_\_\_\_