



TALENT RELEASE FORM

I authorize First Home Alliance, Inc. (FHA, Inc.) to make use of my appearance on:

PROGRAM: **HOUSING PROGRAMS**

I understand that I am to receive no compensation for this appearance. FHA, Inc. shall have complete ownership of the program. I give FHA, Inc. the right to use my name, likeness and biographical material to publicize the program and the services of FHA, Inc. to create awareness and increasing sustainable housing and financial capabilities among low-to-moderate income and military veteran communities.

FHA, Inc. may:

1. Photograph me and record my voice and likeness for the purpose of the production mentioned above, whether by film, social media, videotape, magnetic tape, digitally or otherwise;
2. Make copies of the photographs and recordings so made;
3. Use my name and likeness for the purposes of education, promotion or advertising of the sale or trading in the photographs, recordings and copies so made.

I further understand the master media source remains the property of First Home Alliance, Inc. and that there will be no restrictions on the number of times that my name and likeness may be used.

Name (please print) _____ Date: _____

Address: _____

City _____ State _____ Zip Code _____

Mobile phone number: _____

Email Address: _____

Talent Signature (or Parent/Guardian if under 18 years of age) _____

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