

CROSS SUP, LLC

CONSENT AND RELEASE

I hereby authorize CROSS SUP, LLC, its owners, officers, personnel, members, successors, affiliates, employees, agents, volunteers, representatives, heirs, affiliated entities, participants, contractors, invitees, personal representatives and all other persons, firms or entities claiming by or through them or acting on their behalf to photograph, record, tape or electronically capture in permanent form my name, likeness, image, voice, biographical and personal information, appearance and/or performance, and/or further to use my voice and/or writing(s) (collectively "work").

I further grant CROSS SUP, LLC full permission to edit or alter the original photographs, footage, data, voice, images or writings as shall be deemed necessary; that the work and my name may be used, published and distributed without remuneration to me in whole or in part for instructional or promotional purposes in print, non-theatrical, home video, CD-ROM, cable, radio, Internet, and any other medium presently in existence or invented in the future, for CROSS SUP, LLC purposes as deemed appropriate by CROSS SUP, LLC in perpetuity, throughout the world. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Said work and all components thereof shall become the sole property of CROSS SUP, LLC and may be copyrighted in its own name or a name of its choosing.

I also release CROSS SUP, LLC from any and all claims for libel, slander, invasion of privacy or other claims based on my appearance and/or performance – or use of the recording of such – and agree to hold CROSS SUP, LLC harmless for any and all claims by my heirs, representatives, executors, administrators, or any other persons acting on behalf of my estate have or may have by reason of this authorization, including any claim based on allegation of copyright infringement from my appearance and/or performance.

Name (please print) () Telephone number

Address Apartment number

City State Zip

Signature of Participant Date

Signature of witness

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

I represent that I am the parent or guardian of the above named minor and have authority to execute the release above. I hereby consent to the foregoing on behalf of the above-named minor.

Signature of Parent/guardian Date

Signature of witness