

# NAVAJO NATION FILM OFFICE RELEASE FORM

TO BE COMPLETED BY PARTICIPANTS OR RESPONSIBLE PARTIES

*(In case of absence, to be completed by the producer of material)*

I, \_\_\_\_\_, am a participant in the  
**(PRODUCTION/PRODUCER/TITLE/NAME)** \_\_\_\_\_

**Publication Title:** \_\_\_\_\_

For video, audio, documentary, cinematography, photography format material for production, educational, general news related & documentary, marketing/promotions, broadcast purpose intent.

I understand & acknowledge the purpose as well as related material (such as video, photography, manuscripts, audio & video of participants) that are collected is to be used by the Producer/Production Company \_\_\_\_\_ named.

I understand the Producer/Production Company \_\_\_\_\_ plans to retain the product of my participation as part of its permanent collection and that the materials may be used for exhibition, publication, broadcast presentation by Producer/Production Company & its activities in any medium.

I hereby grant to the Producer/Production Company \_\_\_\_\_ ownership of the physical property delivered to project and the right to use the property that is the product of my participation (for example, interview, performance, photographs, written materials) as stated above. By giving permission, I understand that I do not give up copyright or performance rights that I may hold.

I also grant the Producer/Production Company \_\_\_\_\_ my absolute and irrevocable consent to use my name, video or photographic image or likeness, statements, performance, and voice reproduction, or other sound effects without further approval on my part.

I release the Producer/Production Company \_\_\_\_\_, and its assignees and designees, from any and all claims demands arising out of or in connection with the use of such recordings, documents, and artifacts, including but not limited to, any claims for defamation, invasion or privacy or right to publicity.

## ACCEPTED & AGREED

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

Print Name: \_\_\_\_\_ If differ for publication, please note.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_\_) \_\_\_\_\_

# NAVAJO NATION LIABILITY RELEASE FORM/WAIVER

## **THIS MUST BE SIGNED AND ON FILE WITH THE NAVAJO NATION FILM OFFICE PRIOR TO ACTIVITY/PRODUCTION ON THE NAVAJO NATION**

The waiver releases the NAVAJO NATION and its representative from liability due to any and all ordinary negligence and that except in the event of gross and willful negligence, I shall bring no claims, demands, actions and causes of action and/or litigation, against the NAVAJO NATION and its representatives for economic or non-economic losses due to bodily injury, death, property damage, sustained by me and/or my represented parties in relation to the conducting of all video/film/audio/photography production and on the premises of the NAVAJO NATION.

I further agree to not hold the NAVAJO NATION harmless for any and all liability, actions, debts, claims and demands of every kind while participating for such activities on the NAVAJO NATION. By signing this waiver I release NAVAJO NATION and its representatives from any negligence incurred. The participant named below enters into this activity voluntarily, and takes full responsibility for the decision to participate in activity on the NAVAJO NATION.

I understand this is a binding document for the complete waiver of all liability as set forth above. I have carefully and completely read this entire waiver and understand what I am agreeing to.

I have read the preceding and agree to all conditions set forth this  
\_\_\_\_\_ Day of \_\_\_\_\_ in the Year \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Sign: \_\_\_\_\_

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

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

BY: Production Representative / Company Name

Sign: \_\_\_\_\_

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

*The NAVAJO NATION FILM OFFICE REQUIRES A HARD COPY OF THIS FORM per participant.*

*PO Box 2310*

*Window Rock, AZ*

*86515*

*(928)871-6656*

*(928)871-7355 Fax#*