

Artist Haven Media LLC. & OMENA Center

Recording Release Form

Omena Therapy for the Soul

I authorize Artist Haven Media LLC. & OMENA Center to record me for use in the program title: *OMENA Therapy for the Soul television program.*

I authorize the producer to record digitally or otherwise, my name, voice, and interactions with Omena and/or others for use in this program or subpart of. The producer may edit such recording, as desired and may use and authorize others to use the program or portions thereof or excerpts therefrom. The producer / Artist Haven Media LLC. and Omena Center shall own all right, title and interest at any time existing in and to the program without limitation to be used and disposed of as Artist Haven Media LLC. and Omena Center shall in its sole discretion determine.

I understand that I am to receive no compensation for this appearance. The recorded footage and any subsequent program it may appear in may be sold to a secondary network or others.

I give the producer/Artist Haven Media LLC. /Omena Center the right to use my name, likeness and biographical material to publicize the program and derivative works thereof to the service of the producer/future unnamed producers & Artist Haven Media LLC and Omena Center.

I expressly release Artist Haven Media LLC. and Omena Center, its licensees and assignees, from all claims arising out of the breach of any covenant or warranty I have made therein.

Printed Name: _____

Signature: _____

Date: _____