

Participant waiver & release form

Required for ALL applications for Calls for Expression of Interest.

To be completed and signed by the person legally authorised to sign on behalf of the applicant organisation.

I understand, acknowledge, and agree that in consideration of being allowed to participate in Open Media Hub's Call for expression of interest for production support

1. I waive any and all claims for injury or damage against the Open Media Hub's consortium and the European Union and all further organisers of the activity (hereinafter: Organisers), which I may incur while participating in this activity.

2. I assume the risk for any and all injuries or damage, which I may incur while participating in this activity.

3. I am fully responsible for any damage or injury which I may cause to private property or to other persons, intentionally or negligently, while participating in this activity, and agree to indemnify the Organisers, their officers, agents, and employees for any expenses or costs caused by my actions.

4. I share with the Open Media Hub and ultimately the European Union all my co-production rights for any exploitation worldwide of my production (text, pictures, footage, sound, and graphics) carried out during or as a result of my participation to the Open Media Hub Call for expression of interest for production support, as well as the right to modify it and to grant the same set of rights to any third parties, in perpetuity.

All legal issues arising as a result of any production created as a result of the OMH are wholly my own and I recognise that no liability will fall on the EU or the organisers.

5. I agree to grant to the Organisers permission to record on photography film and/or video, pictures of my participation. I further agree that any or all of the material photographed may be used, in any form, as part of any future publications, brochure, or other printed materials used to promote the Open Media Hub project, and further that such use shall be without payment of fees, royalties, special credit or other compensation.

Name of Beneficiary

first name / last name

Function

Date, Stamp and Signature

