

I _____ wish to participate in the documentary, "Homosexuality; The Truth." I understand that my execution of this Waiver and Release is a prerequisite for participation in the documentary.

I understand that in order to be allowed to participate in the documentary; I agree to assume all risks and to release and hold harmless Linda D. Jernigan and Rescuing Homosexuals Inc., and their employees, contractors, and vendors.

I intend by this Waiver and Release to release, in advance and to waive my rights and discharge all of the persons and entities mentioned above, from any and all claims for damages which I may have, or which may hereafter accrue to me as a result of my participation in the documentary. I agree that this Waiver and Release is binding on my heirs, assigns and legal representatives.

I agree to allow Rescuing Homosexuals Inc. and Linda D. Jernigan the use of my name, voice, and likeness in connection and promotion of "Homosexuality; The Truth" documentary for any purpose related to advertising or promotion of the documentary worldwide in perpetuity in all forms of media now and forever known.

I acknowledge that I am mentally and physically capable of participating in the documentary.

I understand that if I willfully and knowingly lie, distort the truth, or deceive Linda D. Jernigan, Rescuing Homosexuals, or any of their employees I may face legal repercussions. Consequences of a lie, distortion of the truth, and/or deceptions will be determined solely by Linda D. Jernigan and/or Rescuing Homosexuals Inc.

I have carefully read this Waiver and Release and I fully understand all of its contents. If I am under 18 years of age at the time of filming, my parent or legal guardian has completely reviewed this Waiver and Release, understand and consents to its terms, and authorizes my participation by his/her signature below. I am aware that this is a **RELEASE OF LIABILITY** and a contract between me and Rescuing Homosexuals Inc., and I sign of my own free will.

Signature _____ Date _____

Parent Signature _____ Date _____