PERSONAL RELEASE

A child under my care, or myself, is participating in an upcoming recreational activity of song recording offered by Sona Group Inc., also doing business as My Studio Party ("My Studio Party"). On this occasion, photographs as well as audio and video recordings of myself or of the child under my care will be taken (the "Captures"). We assure you that under no circumstances will My Studio Party use or communicate the Captures without your consent, which can be hereby given. In the event that you do not sign this personal release form, My Studio Party will destroy the Captures without keeping any copies, other than for archive purposes.

YES, I hereby authorize My Studio Party, its representatives, successors, agents, affiliates, related companies, licensees and assignees (hereinafter collectively "MSP") to communicate my image and my likeness or the recordings of my voice (or of my child's voice) appearing on such Captures (hereinafter "Image and Likeness") to the party organizer. I understand that the party organizer is not affiliated with My Studio Party, and that My Studio Party cannot be held liable for the use the party organizer could make of the Captures, including, but not limited to, the sharing or publishing of the Captures on the Internet.

Moreover, I hereby irrevocably grant to MSP the right to edit and combine and make unrestricted use or reproduction of my Image and Likeness, in whole or in part, with other photographs, video footage, recorded or printed materials, juxtapose any part of my Image and Likeness with other photographs, video footage, recorded or printed materials for the purpose of promoting, advertising and publicizing their services offered by MSP on the following platforms:

MSP's website:

☐ Yes ☐ No

	SP's social media pages:		Yes		No
• IVI	SP's advertisements:		Yes	Ц	No
release and	gree that the foregoing are granted free of discharge MSP from any and all claims ne use of the Image and Likeness or of a	s, demands or			· · · · · · · · · · · · · · · · · · ·
represent t	It that the participant in the My Studio Pa hat I am parent (guardian) of such mind for such minor.	-	-		
I have read	and understand the meaning of this rele	ease.			
Signed in _	, on	, 2	0	_	
First and la	st name				
Signature _					
Address				Ph	one
□ I am sig	ning this document on behalf of a minor				
Name of m	inor			-	
Name of pa	arent				
Relationshi	p to Child				