

EMPLOYEE EMERGENCY CONTACT AND CONFIDENTIALITY FORM

NAME: _____

DEPARTMENT: _____

PERSONAL CONTACT INFO:

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

CELL PHONE _____ EMAIL: _____

DOB: _____

EMERGENCY CONTACT INFO:

(1) NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE #: _____ WORK #: _____

(2) NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE #: _____ WORK #: _____

MEDICAL CONTACT INFO:

DOCTOR: _____ PHONE #: _____

MEDICATIONS/ALLERGIES--FOR CONFIDENTIAL EMERGENCY USE ONLY

PLEASE LIST ANY MEDICATIONS YOU ROUTINELY TAKE FOR EMS NOTIFICATION:

PLEASE LIST ANY ALLERGIES, INCLUDING ALLERGIES TO MEDICATIONS THAT WE SHOULD KNOW:

I have voluntarily provided the above contact information and authorize Horizon Scripted Television and its representatives to contact any of the above on my behalf in the event of any Scripted Television and its representatives to contact any of the above on my behalf in the event of any emergency.

I choose not to furnish any emergency contact information at this time

Publicity/Confidentiality - Employee agrees not to disclose any creative and/or material information whatsoever (including but not limited to the location of shoots and information regarding any cast and/or crew members) about this Production or the Series without Horizon Scripted Television's prior approval in each instance. Employee agrees not to take any unauthorized photographs or copy any material. Employee agrees not to give any interview or authorize any publicity relating to the Series or Employee's services thereon without Horizon Scripted Television's express permission. Employee hereby grants Horizon Scripted Television the right to use his name, likeness and voice in publicity related photographs, "behind the scene" films and "electric press kit" video releases and in advertising or promoting the Series.

Employee Signature: _____

Date: _____

****PLEASE FILL OUT AND RETURN TO THE PRODUCTION COORDINATOR**