

Contributor Accountability Statement



The Mobile Homecoming is a spiritual journey full of lust and discovery. It is immersion in legacy, a celebration of how boldness survives the moment of its need. It is an intimate embrace with a living herstory that traces pathways between our lungs, called laughter, called stillness, called sigh. This is a dance, a prayer, a baptism in hope. This is how we know who we are. This is how we live forever.

WHEREAS, the MOBILE HOMECOMING, including Dr. Alexis Pauline Gumbs and Julia Roxanne Wallace, is accountable to our community – the black same gender loving and non-gender conforming women, transmen and transwomen that have made our lives (and this project) possible by being themselves; and have embarked on a journey to amplify the resilience in our community;

WHEREAS, you our beloved community member and Mobile Homecoming Superstar CONTRIBUTOR have agreed to share the brilliance and bravery that we all benefit from and are inspired by;

NOW, THEREFORE, in consideration of the transfer of legacy and creation of family, the parties – MOBILE HOMECOMING and CONTRIBUTOR – agree to honor the spirit in which all contributions (whether performative, intellectual or physical) are made under the following terms and conditions identified here and in the more formal contract to follow:

We hereby agree to create a safe space in an agreed upon location for interviews and events.

We agree to honor sacred space in the ways that feel right to those present.

We commit to holding any portion of your contribution in confidence that you deem necessary in the interview.

We accept responsibility for communicating with contributors in regards to Mobile Homecoming's progress and how your contribution will be utilized.

We offer you the utmost respect and gratitude for sharing your contribution in perpetuity for the benefit of our people everywhere.

We will share copies of our completed film with you in advance electronically or via a screening in your area.

PARTICIPANT RELEASE

Organization Name: The Mobile Homecoming (the «Producer»)
Address: 819 Wilerson Ave. Apt. A
Durham, NC 27701

WORKING TITLE OF PRODUCTION <i>The Mobile Homecoming</i>	CITY AND STATE OF PRODUCTION
NAME OF PRODUCER(S) <i>Alexis Pauline Gumbs, Ph.D.</i> <i>Julia Roxanne Wallace</i>	DATE OF SHOOTING
DESCRIPTION OF THE PRODUCTION <i>Documentary Film about the resilience of Black LGBT (aka Queer) women, transmen and transwomen, building intergenerational community and the transfer of legacy.</i>	

In consideration of my appearance on the above Program, I hereby authorize Producer to record my name, likeness, image, voice and performance on film, tape or otherwise for use in this Production as well as for the promotion of the Production and for the promotion of the Producer.

I agree that the Program may be edited and otherwise altered at the sole discretion of the Producer and used in whole or in part for any and all broadcasting, audio/visual, and/or exhibition purposes in any manner or media, in perpetuity, throughout the world.

I understand that I have no rights to the Program or any benefits derived therefrom.

I consent to the use of my name, likeness, voice and biographical material about me in connection with the promotion of the Program.

I represent that I have the right to enter into this agreement (the "Agreement") and that my performance and the rights I have granted in this Agreement will not conflict with or violate any commitment or understanding I have with any other person or entity.

I agree to indemnify and hold harmless Producer from and against all claims, losses, expenses and liabilities of every kind including reasonable attorney's fees arising out of the inaccuracy or breach of any provision of this Agreement. I expressly release Producer from any and all claims arising out of the use of the Program.

I agree that I am not a member of the Screen Actors Guild, and that I am not bound by any agreement with a union or guild that restricts my freedom to accept any terms of payment given as compensation for participation in a motion picture.

This Agreement represents the entire understanding of the parties and may not be amended unless mutually agreed to by both parties in writing.

SIGNATURE OF PARTICIPANT

DATE

FULL NAME OF PARTICIPANT (block letters)		AGE (if participant is a minor)	TELEPHONE NUMBER ()	
ADDRESS		EMAIL		
CITY – PROVINCE – COUNTRY	POSTAL CODE	PARTICIPANT DESCRIPTION		

I represent that I am the parent and/or guardian of the minor who has signed above or is the participant in the Program. I agree that we both shall be bound by this Agreement.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

FULL NAME OF LEGAL GUARDIAN (block letters)		TELEPHONE NUMBER ()		
ADDRESS	CITY	PROVINCE	COUNTRY	POSTAL CODE