



INTERIM INTERACTIVE MEDIA AGREEMENT PERFORMER CONTRACT

THE PERFORMER MAY NOT WAIVE ANY PROVISION OF THIS CONTRACT WITHOUT THE WRITTEN CONSENT OF SAG-AFTRA

Performer Name: _____ SAG-AFTRA Member ID (if appl.): _____

Performer or c/o Talent Agent Address: _____

Performer Phone: _____ Performer E-Mail: _____

Performer's Corp./LLC: _____ SSN (Last 4) or EIN: _____

Interactive Program Title: _____ Production I.D. #: _____

Producer/Signatory Company: _____ Producer Name: _____

Recording Location (incl. studio name, if appl.): _____

Table with 7 columns: Work Date, Role / Character(s), Type of Work, HMC Y / N, Work Time Call / Dismiss, Meals Start / Finish, Pfmr's Initials

KEY to Type of Work: Off-Camera Day Performer - V; On-Camera Day Performer - P; 3-Day Performer - P3; Weekly Performer - PW; Solo/Duo Dancer - SD; Group Dancer 3-8 - D3; Group Dancer 9-more - D9; Contractor Dancer 3-8 - CD3; Contractor Dancer 9-more - CD9; Solo/Duo Singer - SS; Group Singers 3-8 - G3; Group Singers 9-more - G9; Contractor Singers 3-8 - CG3; Contractor Singers 9-more - CG9; Background - BA; Atmospheric - AT; Stunts - ST

OTHER Type of Work: _____

Rate \$: _____

Special Provisions \$ (Additional Compensation, Integration, Travel, etc.): _____

THIS AGREEMENT covers the employment of the above-named Performer by (signatory company name): _____ in the production and at the rate of compensation set forth above and its subject to and shall include, for the benefit of the Performer and the Producer, all of the applicable provisions and conditions contained or provided for in the applicable SAG-AFTRA Interactive Media Agreement.

Producer shall have all the rights in and to the results and proceeds of the Performer's services rendered hereunder, as are provided in the applicable SAG-AFTRA Interactive Media Agreement.

By: _____ Producer Signature

By: _____ Performer Signature

_____ Date

_____ Date