

CONTINUITY OF MANAGEMENT WAIVER

DATE: _____

ARTIST: _____

SSN or SAG-AFTRA IDN: _____

The above-mentioned artist has been exclusively and continuously represented

by: _____ since the expiration of their exclusive
(Agency Name)

agency contract already on file with SAG-AFTRA.

Agreed to and accepted by:

Artist (or Parent/Legal Guardian) Signature:

Agent Signature: