

SOMEONE YOU LOVE

THE HPV EPIDEMIC

Florida Immunization Partnership SCREENING LICENSE

This AGREEMENT is made to grant (name of person/organization) _____ a license for the limited, non-broadcast, public exhibition of the film **Someone You Love – The HPV Epidemic** to an estimated audience of 20 - 250 people within the State of Florida.

There will not be a license fee for screening the FILM. In consideration of the waved license fee, Florida Immunization Partnership will provide the LICENSEE with one (1) DVD copy of the FILM to be used for the public screening and electronic marketing materials (if any). **The LICENSEE agrees that they will not charge admission to the screening.** The LICENSOR hereby grants to the LICENSEE, without warranty, a limited, non-exclusive, non-transferable license to screen the FILM only within the State of Florida in a public setting (No Home Screening) on SCREENING DATES, subject to the terms and conditions specified herein, as follows:

- The LICENSEE hereby expressly agrees that the FILM shall be used only for the permitted purposes as set forth in this AGREEMENT and for no other purpose. _____ (Initial Here)
- The LICENSEE agrees to inform **FLORIDA IMMUNIZATION PARTNERSHIP** of each scheduled screening of the FILM. The LICENSEE will give the date, time and location along with partnering organizations for the filming event. (Initial Here)
- The LICENSEE agrees that it shall not permit the FILM to be duplicated, sold, loaned, transferred, televised or made available online or to any other party not contained herein at any time or in any manner other than as provided for in this AGREEMENT. _____ (Initial Here)
- The LICENSEE agrees that it shall inform **FLORIDA IMMUNIZATION PARTNERSHIP** of a missing or damaged DVD. If at any time the LICENSEE chooses not to continue showing the FILM, the DVD will be returned promptly to: Florida Department of Health Immunization Section, 4052 Bald Cypress Way, Bin A-11, Tallahassee, FL 32399 _____ (Initial Here)

With respect to the License granted hereunder, it is expressly understood and acknowledged by the LICENSEE that any rights, title, or interest that **LUMIERE MEDIA, INC** maintains with respect to the FILM are expressly reserved by the LUMIERE MEDIA, INC. This AGREEMENT constitutes the entire understanding of the parties with respect to the subject matter hereof, and any amendments, changes, or modifications shall have legal effect and be binding only if made in writing and signed by both parties.

Your Organization (Please Print)

Signature of Representative

Date

Please sign and make a copy of this contract for your records. Then scan and email a copy to Dearline.Thomas-Brown@flhealth.gov. If you have additional questions, DOH-Immunization Section can be reach at 850-245-4342.