



Vice President from Canada

American Federation of Musicians of the United States and Canada

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LETTER OF ADHERENCE

This letter will serve to confirm that we, the undersigned, agree to adhere to the terms and conditions of the current American Federation of Musicians' 'Video Games Agreement' for:

- Recording of Original Music
- Use of Existing Recorded Music

Title: _____

We acknowledge that we are acquainted with the terms and conditions thereof. Upon condition that we shall enjoy the rights and privileges provided to the employer thereunder, we agree that such terms and conditions shall govern production and use of the game produced hereunder by or for us, and for such productions, we shall be responsible for the due and faithful performance of each and every of the employer obligations set forth therein.

We acknowledge and agree with the AFM that an AFM Local member covered by a Letter of Adherence or similar agreement between us and the AFM (the "Agreement") does not have the authority to execute any agreements, waivers, releases and/or any other documents (collectively a "Release and Waiver") which actually or purport in any way to adversely amend, abridge, alter or otherwise change such member's rights or obligations (which, for such purpose shall include, without limitation, a waiver or release of fees and/or royalties for recordings and/or other media releases relating to the member or his or her works) pursuant to either the Agreement or the Bylaws of the AFM and/or its Locals. Any such Release and Waiver, if so executed by a member, shall be considered for all such purposes to be invalid and unenforceable by us against such individual member and/or the AFM and its Locals.

Company Name

Name and Title of Authorized Officer

_____/_____/_____
Signature day month year

Address

City Province Postal Code

Telephone Fax

E-mail Website

<i>For completion by Federation</i>	
AFM acceptance by:	
Signature _____	Date _____
For additional information about filing of contracts, fees, terms etc. please contact AFM Local # _____	
Name of Local Official _____	
Title _____	
Telephone _____	Fax _____
Copy of this form sent to Local on ___/___/___	