

**AFM SINGLE PROJECT VIDEO GAME AGREEMENT**  
**Assumption Agreement**

RE: ASSUMPTION AGREEMENT – AFM Single Project Video Game Agreement

Video Game: \_\_\_\_\_

Licensee: \_\_\_\_\_

Employer: \_\_\_\_\_

By signature of authorized representatives on behalf of Licensee and Employer below, this will confirm that, except in respect of the session payments and applicable pension, health and welfare (“PH&W”) contributions due to the musicians (“Musicians”) employed by Employer in connection with the initial recording and production of the above Video Game as provided in the AFM Single Project Video Game Agreement (“Agreement”), any and all obligations provided for in the Agreement, including but not limited to the obligations set out in Paragraphs 6, 20, 21, 22 and 23 of the Agreement, shall be the sole responsibility of, and shall be timely paid or otherwise honored by Licensee. Licensee unconditionally guarantees that, in connection with the music and the exploitation thereof in all media, now and hereafter known, Licensee will keep and perform all obligations owed to the AFM and the Musicians (this guaranty being continuing, binding on Licensee, and its licensees, successors and assigns, and injuring to the benefit of the AFM and the Musicians and may be enforced by the AFM directly against Licensee) as provided in the agreement. Licensee hereby expressly agrees that Licensee shall indemnify and hold Employer harmless from and against any and all claims, demands, losses and liabilities to the contrary, including without limitation actual costs and reasonable legal fees incurred in the defense thereof.

AGREED:

AGREED:

\_\_\_\_\_  
(Name of Licensee)

\_\_\_\_\_  
(Name of Employer)

By: \_\_\_\_\_  
(Authorized Signature)

By: \_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Print Name and Date)

\_\_\_\_\_  
(Print Name and Date)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Phone & Email)

\_\_\_\_\_  
(Phone & Email)

ACCEPTED:

AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA

Signature of Authorized Officer: \_\_\_\_\_

Print name and title of Authorized Officer: \_\_\_\_\_

Date: \_\_\_\_\_