

# Media Release Form

This release concerns (check that apply):

photographs [ ]

videotape [ ]

film [ ]

sound recording [ ]

other media described here [ ] \_\_\_\_\_

taken of me or my minor or dependent child on (date) \_\_\_\_\_, 20\_\_ at (location)

\_\_\_\_\_. These media images or sounds are hereinafter referred to in this document as the "Media."

I understand that the "media" will be used by (Name Person or persons who is using the media) for (Specify what the media is being used for), and may contain personal information that is protected by law. By signing this release, I give my permission to (Name Person or persons who is using the media), to use the works for any program purposes.

I hereby grant to (Name Person or persons who is using the media) the absolute and irrevocable right and permission to use the media for use in the manner described in this form.

As a result of signing this release form, I grant (Name Person or persons who is using the media) the following rights in the works:

Specify :

Specify :

Specify :

Specify :

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_