

General Media Release form

Production Title _____

Production Date _____

1) I, the undersigned, hereby authorize to photograph me, take motion pictures of me, take videotapes of me, and /or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).

2) I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by _____
(I understand that I may be identifiable from such photographic or electronic reproductions.)

Agreed and accepted by:

Print Name _____

Title _____

Address _____

City, State, Zip _____

Phone _____

Signature & Date _____

I am signing this form as an individual yes no

I sign this form as a representative of a group yes no

Name of the group _____