

General Media Release Form

Production Title _____

Production Date ____ / ____ / ____

- 1) I, the undersigned, hereby authorize _____ to photograph me, take motion pictures of me, take video footage 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 reproduction)

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 am signing this form as a representative of a group, and have full authority to grant release for this group ☐ Yes ☐ No

Name of group _____

PARENTAL CONSENT

I certify that I am the parent or guardian of the individual above, _____, a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her authorizations referred to in this General Media Release.

Signature of Applicant's Parent/Guardian

Date

Address of Parent/Guardian (if different)

(_____) _____
Phone Number (if different)

City, State, Zip Code