



819 SW 152nd St. Burien, WA 98166
www.highlinemuseum.org

RADIO INTERVIEW GUEST RELEASE FORM

Guest name: _____

Address: _____

Phone number: _____

Email: _____

Date of recording: _____

Purpose for interview: Educational/preservation

The named Guest above agrees to the recording and distributing of the Guest's voice and performance as part of the Highline Heritage Museum's mission. (HHM's is to collect and preserve the stories of the Highline Area and its people through heritage, arts, and culture.)

The Guest also acknowledges that the Highline Heritage Museum is the sole owner of all the rights to use, publish, and distribute the produced recording.

The Guest understands that nothing in this contract implies that the HHM has the right to exploit any rights granted to the museum.

The Guest understands and agrees to his/her/their name, image, and voice being used in the museum program, including any promotional material for the program,

The Guest, at this moment, releases and discharges the HHM from any liability arising from or in connection to the making, producing, distributing, publishing, and promotion by any means or otherwise using the HHM production.

This permission grant does not include releasing any of the Guest's confidential information. For purposes of the paragraph, "confidential information" is defined as a guest's home address, email address, or telephone number.

Signature over printed name _____

Date Signed _____

For inquiries, contact Nancy Salguero McKay
at director@highlinemuseum.org