

Videography Release / Permission Form
(Keep this form for your production records.)

Producer(s): _____ Date: _____

Show Title: _____

I do authorize the above mentioned producer(s) to use my likeness (video/audio) and/or photograph me/ my child or ward in any manner as they elect with any and all media known or hereafter devised in connection with the above mentioned video production.

I am aware that the above mentioned producer(s) intend to show this video production on WilliNet and other public access stations they choose or video streaming via internet and give my permission for them to do so.

I realize that the producer(s) of this video are acting on their own behalf and solely responsible for the content of this program and do not represent WilliNet or other public access stations. Furthermore, I understand that WilliNet and other public access station(s) are third parties the above mentioned producer(s) requests their video shown on.

Therefore, I agree to hold harmless the above mentioned producer(s), WilliNet, its employees, and Board of Directors from all claims, liabilities or actions including but not limited to libel, slander, invasion of privacy, misappropriation of name and likeness based on any use that is made of my name, voice and likeness in connection with the video production(s).

If over 18, this form must be signed by person videotaped. If under 18, this form must be signed by parent/guardian of the child.

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Phone: _____ Email: _____

Child's Name (if applicable): _____