

PHOTO/INTERVIEW RELEASE FORM

I hereby give permission to: Name

_____ Organization/Publication

_____ Address

_____ Phone _____

E-Mail _____

1) to interview me / photograph me (still or moving images) / record my voice,

2) and to use, reuse, publish and republish the same in whole or in part for any lawful purposes in any and all media whether now known or hereafter existing, including print, broadcast and the World Wide Web,

3) and to use my full name in connection therewith

I will make no monetary or other claim, including any and all claims for libel, for the use of the interview and/or the photograph(s)/video/recording of my voice.

This authorization and release also applies to the organization(s) / publication(s) for which the photographer/interviewer took the photos/video, recorded my voice and/or conducted the interview, and to their legal representatives, licensees and assignees.

Note exceptions here and/or by crossing out points above to which the photo/interview subject does not agree.

Subject reserves the right to decline to answer certain questions and to stop the interview if he/she becomes uncomfortable. He/she may refuse the use of his/her full name and/or of his/her address, and may refuse to have his/her full face photographed.

Name of Person(s) to be Interviewed/Photographed:

Print Name:

_____ Signature (if interview/photo subject is under age 18, an adult must sign):

_____ Relation of Signer to Subject (if subject is under age 18): _____

Date:

Witness:

Print Name:

_____ Signature:

_____ Date:

