



MODEL RELEASE

Roseville 651-792-7515

Certification # _____

Authorization To Produce Physical Likeness

I (print name) _____, hereby assign rights to the videotape and sound recording made of me this date, _____, for (program) _____, by (producer) _____, and I hereby authorize the reproduction, copyright, exhibition, broadcast, cablecast and /or distribution of said videotape without limitation for the purpose of Public Access programming.

I hereby waive any right to inspect or approve the finished videotape or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied.

I hereby release, discharge and agree to save harmless the videographer, his/her representatives, assigns, employees or any person or persons, corporation or corporations, acting under his/her permission or authority, or any person, persons, corporation or corporations, for whom he/she might be acting, including any firm publishing and /or distributing the finished product, in whole or in part, from and against any liability as a result of any distortion, blurring, or alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in the taking, processing or reproduction of the finished product, its publication, distribution, or cablecast of the same.

I hereby certify that I am over eighteen years of age, and competent to contract in my own name in so far as the above is concerned.


I have read the foregoing release, authorization and agreement, before signing below, and warrant that I fully understand the contents thereof.

NAME  _____

ADDRESS _____

DATE _____

I hereby certify that I am the parent and / or guardian of _____, a minor under the age of eighteen years, and I hereby consent that any videotapes which have been, or are about to be made by the videographer may be used by him/her for the purposes set forth in the original release above, signed by the minor with the same force and effect as if executed by me.

PARENT / GUARDIAN  _____

ADDRESS _____

DATE _____