General Media Release Form

Production Title
Production Date/
I, the undersigned, hereby authorize to photograph me, take motio pictures of me, take video footage of me, and/or make electronic sound recordings of me (herei referred to as photographic or electronic reproductions).
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 appropriat by (I understand that I may be identifiable from such photographic or electronic reproduction).
I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.
I waive any rights, claims, or interest I may have to control the use of my identity or likeness i whatever media used.
THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.
Agreed and accepted by:
Print Name
Address
City, State, Zip
Phone
Witness for the undersigned
Signature Date