General Media Release Form

Production Title ________________________________

Production Date ___/___/___

1) I, the undersigned, hereby authorize the Regional Arts & Culture Council to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).

2) 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 appropriate by the Regional Arts & Culture Council (I understand that I may be identifiable from such photographic or electronic reproduction).

Agreed and accepted by:

Print Name ______________________________________

Title ____________________________________________

Address _________________________________________

City, State, Zip ___________________________________

Phone __________________________________________

Signature & Date _________________________________

I am signing this form as an individual: Yes No

I am signing this form as a representative of a group, and have full authority to grant release for this group: Yes No

Name of group ____________________________________

PARENTAL CONSENT

I certify that I am the parent or guardian of the individual above, ____________________________, a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her authorizations referred to in this General Media Release.

Signature of Applicant’s Parent/Guardian ______________ Date ______________

Address of Parent/Guardian (if different) __________________________ Phone Number (if different) (_____) __________

City, State, Zip Code ____________________________________________