Release Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby release my image, likeness and the sound of my voice, as recorded for use in a video documentary.

I agree that the footage may be edited and used, in whole or in part, in all media, including, but not limited to, audio and video cassettes, CD-ROM, DVD, Internet, television, radio, and cable broadcast, and for all other purposes in perpetuity throughout the world.

I consent to the use of my name, likeness, voice and biographical information in connection with the distribution and promotion of the video documentary.

I expressly release the Crosswicks Community Association from any claims to compensation or remuneration, defamation and all other claims, known or unknown, I may have arising out of the above-described materials and hereby waive all rights to inspect and approve the finished product or its use.

I acknowledge this release is firm and final and I sign this document to signify my agreement.

Name (PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_