



PHOTO/INTERVIEW RELEASE FORM

Date: _____

Interviewee:

Phone: _____ E-Mail: _____

I, _____ hereby give permission to:
(Interviewee Name - Please Print)

Name _____

Organization/Publication _____

- 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 Internet,
- 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.

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

Signature: _____

Witness: _____

If under 18, signature of Parent or Guardian:
