VIDEO RELEASE FORM: NEW MEXICO MILITARY MUSEUM DOCUMENTARY

I, _____, hereby grant permission to _____, the rights of my image, in video or still, and of

______, the rights of my image, in video or still, and of the likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

By signing this release, I understand that this material may be used in any commercial context without any approval required from me..

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person, company or organization utilizing this material for any purposes.

Full Name		
Street Address/P.O. Box		
City	State	Zip Code
Phone		
Email Address		
Signature		
Date		
If this release is obtained fr signature of that presenter?	•	U
Parent's Signature		

Date_____