



**Lakes Region  
Public Access**  
community empowered by media

## Videography/ Photography Release Form

Today's Date: \_\_\_\_\_

Program Title: \_\_\_\_\_

Producer's Name: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_

I ("Talent") hereby give consent to the above named Producer to use my name, photograph, image and/or voice for use within the above named project. I agree that I will receive no compensation for my part in this project. I agree that this program may be edited and otherwise altered at the sole discretion of the Producer, and be used in whole or in part for all broadcast, non-broadcast, audio/visual and/or exhibition purposes, including cablecasting on LRPA. I release the Producer and LRPA from any expectation of confidentiality for myself. I waive any and all ownership rights to the above named project.

\_\_\_\_\_ I am a parent or legal guardian of a minor "Talent" under 18 years of age and give my consent for the use of his/her name, photograph, image and/or voice for use within the above named project.

Talent's Name: \_\_\_\_\_

Talent's Signature: \_\_\_\_\_

*(or signature of parent or legal guardian for minor talent under 18 years of age)*