



Interview Release Form

Film Title (working title):	("Program")
Producer(s):	
School / Youth Group:	
Teacher / Supervisor:	
Interviewee Name:	
Production Location:	
I hereby authorize Producer to record and edit into the Program and related voice and participation in and performance on film, tape or otherwise for us thereof (the "Recordings"). I agree that the Program may be edited and oth of the Producer and used in whole or in part for any and all broadcasting, no exhibition purposes in any manner or media, in perpetuity, throughout the very content of the producer and used in whole or in part for any and all broadcasting, no exhibition purposes in any manner or media, in perpetuity, throughout the very content of the producer and used in whole or in part for any and all broadcasting, no exhibition purposes in any manner or media, in perpetuity, throughout the very content of the producer and used in whole or in part for any and all broadcasting.	se in the above Program or parts erwise altered at the sole discretion on-broadcasting, audio/visual, and/or
Producer may use and authorize others to use all or parts of the Recordings assigns shall own all right, title and interest, including copyright, in and to t Recordings, to be used and disposed of without limitation as Producer shall	the Program, including the
Signature of Person Appearing:	-
Address:	-
City, State, Zip:	
Phone:	_
Date:	