



Our Rock Project™
Kids Teaching Kids



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 materials my name, likeness, image, voice and participation in and performance on film, tape or otherwise for use in the above Program or parts thereof (the “Recordings”). I agree that the Program may be edited and otherwise altered at the sole discretion of the Producer and used in whole or in part for any and all broadcasting, non-broadcasting, audio/visual, and/or exhibition purposes in any manner or media, in perpetuity, throughout the world.

Producer may use and authorize others to use all or parts of the Recordings. Producer, its successors and assigns shall own all right, title and interest, including copyright, in and to the Program, including the Recordings, to be used and disposed of without limitation as Producer shall in its sole discretion determine.

Signature of Person Appearing: _____

Address: _____

City, State, Zip: _____

Phone: _____

Date: _____