

## Release Form for Media Recording

I, the undersigned, do hereby consent and agree that Resident Rock Star Photography, Amy Hutcheson, her employees, or agents have the right to use photographs, videotape, or digital recordings captured by me or of me on Date: \_\_\_\_\_ and have the right to use these images and recordings on or in any and all media outlets associated with RRS Photography now or hereafter known, and exclusively for the purpose of publication and promotion of the brand, school assignments or any other form of media deemed fit by RRS Photography and or Amy Hutcheson.

I further consent that my name and identity may be revealed therein or by descriptive text or commentary. (initials) \_\_\_\_\_

\_\_\_ NO Please initial here if you want your names omitted.

I do hereby release to Resident Rock Star Photography, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of these images or likenesses in whatever media used. \_\_\_\_\_ Initials

I understand that there will be no financial or other remuneration for use of these images and recordings, either for initial or subsequent publications, transmission or playback. \_\_\_\_\_ Initials

I also understand that Resident Rock Star Photography is not responsible for any expense or liability incurred because of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result. \_\_\_\_\_ Initials

I agree not to publish or reproduce these images for commercial purposes and to only use them for my personal private usage. \_\_\_\_\_ Initials

I represent that I am at least 18 years of age or am accompanied by a legal guardian, I have read and understand the foregoing statement, and am competent to execute this agreement. \_\_\_\_\_ Initials

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Witness for the undersigned

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian if applicable