Multiple Individual Release Form

Video Program Release for the individuals named below:
Event: _____
Program Name: _____
Producer: _____
Date: _____
Location: _____
I have participated in the above Program as indicated above. In consideration of my appearance on the Program, and without any further consideration from you, I hereby grant permission to you to utilize my appearance in any and all media throughout the world in perpetuity.

I understand that the Program may be edited at your sole discretion. I consent to the use of my likeness, voice and biographical material in connection with Program publicity and promotion.

I expressly release you, your agents, employees, licenses and assigns from and against any and all claims which I have or may have for invasion of privacy, defamation or any other cause of action arising out of production, distribution, broadcast or exhibition of the Program.

Print Name	Print Address	Write Signature	Signature of Parent/ Guardian if individual is under 18