



Appearance and Photographer Release Form

I hereby give my permission for the person(s) named below to participate in an agency-sponsored event that includes interviews and photographs that may be used for promotional use such as newsletters, other print media and recordings. This participation may also include videotapes and broadcasts.

By nature of the photography required, I understand that person's faces and / or full frontal views may be clearly visible and recognizable.

I agree that you may use these photographs and tapes for the above outlined purposes(s).

I waive any and all claims or demands which I may have now or in the future regarding production, distribution and use of these photographs / tapes in this project by any authorized agent of Zylofone Studios, Inc.

Name of participant: _____

Signature of participant: _____

Signature of parent or guardian: _____

Date Signed: _____

Zylofone Employee Signature: _____