# Camera Release Form for Media Recording

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby consent and agree that Great Changes Resource Center, its employees, or agents have the right to take photographs, videotape, or digital recordings of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Great Changes Resource Center, 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 my identity or likeness in whatever media used.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

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|  |  |
| Name |  |
|  |  |
| Address |  |
|  |  |
| Phone |  |
|  |  |
| Witness for the undersigned |  |
|  |  |
| Signature | Date |