

PERSONAL RELEASE FORM

I authorize Centennial College's School of Communications, Media, Arts and Design (SCMAD) or any of its assigns (the Producer) to record and edit the following into the Program described below: my name, likeness, image, voice, interview and performance.

The Producer may use and authorize others to use all or parts of the Program. The Producer shall own all rights, title and interest in and to the Program, including the recordings, to be used and disposed of without limitation as The Producer shall in its sole discretion determine.

Participant Name

Name of Producer

Program Title

Production Date(s)

Location

I have read and fully understand the terms of this release.

Key in Your Name - serves as your official signature

Date

Address

Witness Name

Key in Witness Name - serves as witness's official signature

ADDITION FOR MINORS (IF APPLICABLE)

I represent that I am the parent and/or guardian of the minor who has signed above or is the participant in the Program. I agree that we both shall be bound by this agreement.

Key in Your Name - serves as your official signature

Date