



Millis Community Media

900 Main Street
Millis, MA 02054
508-376-7057

milliscommunitymedia@gmail.com

Individual Release Form

I hereby assign and release all rights of this video/new media recording to be made of me on the date below to Millis Community Media for possible broadcast, webcast, or educational purposes. I consent to the publication of the program transcript in whole or in part and consent to the use of my name, likeness, voice, and biographical data about me in connection with program publicity.

I expressly release the producer/Millis Community Media from any privacy, defamation, or any other claims I may have arising out of the broadcast, webcast, exhibition, publication, or promotion of this program. I have provided original or photocopies of permissions to allow recording of any copyrighted material I may use in my presentation. I understand I will not be paid for participation in this program. No amendments to this form are permitted.

Program Title: _____

Program Date: _____

Sponsoring Organization (if applicable): _____

Print Full Name: _____

Signature: _____ Date: _____

Signature of parent/legal guardian for minor: _____