



Photo Release Form

I authorize the Producer (Proof Alliance) all rights to the recording and/or taping of my appearance by means of videotape, still photography and audio record, and I hereby further authorize the reproduction, exhibition, duplication and/or distribution by the above producer without limitation. I understand that permission allows Proof Alliance to distribute the production and I understand this may be used for educational/promotional purposes that may include the internet, print publicity and other distributions available.

I understand that I am to receive no compensation for this appearance and that Proof Alliance shall have complete ownership of the program. I give Proof Alliance the right to use my name and biographical material in conjunction with distribution of the recordings, photography or audio record.

I further agree to release, discharge and indemnify the producer from any legal proceedings which may arise in relation to the conditions stated above.

Name (please print) _____

Signature _____ Date _____

Address _____

City _____ State _____ Zip Code _____

[] The Talent is under age eighteen. The person named above, being a minor, has my consent as parent/guardian per the terms outlined above.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date _____