

# Persistent Visions

www.persistentvisions.com - 167 N. Main St., Sunderland, MA. 01375 - Tel: 413.665.3579 - Fax: 413.825.0220

Please complete and sign the following talent release form:  
Release Agreement for use of video, graphics, photos, audio and other media  
content of my personage for:

Production Title: \_\_\_\_\_

Production Date: \_\_\_\_\_

1) I, the undersigned, hereby authorize Persistent Visions, its employees and/or agents, to photograph me, take motion pictures of me, take videotapes of me, and /or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).

2) I authorize the use of any such photographic and/or electronic reproductions of me for any purpose, including, but not limited to educational, promotional, commercial and other public media as may be deemed appropriate by Persistent Visions. I understand that I may be identifiable from such photographic or electronic reproductions and that this publicity will not be considered an invasion of my privacy.

3) I authorize Persistent Visions, its subsidiaries and divisions, to use the work product of my participation in this event in broadcasts on radio, television, internet and other electronic formats and give my permission for transcriptions of my remarks for included in print and internet media. I understand that my inclusion is subject to editing and that my remarks and appearance may be used in their entirety or in part.

4) I understand that I have no ownership rights to the work product created by Persistent Visions and am in no way a partner in this event or the products created by this event.

Agreed and accepted by:

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Phone: \_\_\_\_\_ X \_\_\_\_\_ e-mail \_\_\_\_\_

Address for delivery of notices to Company:

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, Parent/Guardian:

Name (printed): \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_