

PHOTO/INTERVIEW/DOCUMENT RELEASE FORM

I hereby give permission to:

Name _____

Address _____

Phone _____ E-Mail _____

1) to interview me / photograph me (still or moving images) / record my voice, (**circle one, two, or all three items to indicate permission**)

2) and to use, reuse, publish and republish the same in whole or in part on the World Wide Web

for her/his class _____

3) and to use a pseudonym / my first name / my full name in connection therewith (**circle the one for which you give permission**)

4) and to use, reuse, publish and republish photos of artifacts or artifacts themselves (e.g., documents) in whole or in part on the World Wide Web for her/his class

I will make no monetary or other claim, including any and all claims for libel, for the use of the interview and/or the photograph(s)/video/recording of my voice or the use of photos or other artifacts provided during the interview.

This authorization and release also applies to the organization(s) / publication(s) for which the photographer/interviewer took the photos/video, recorded my voice and/or conducted the interview, and to their legal representatives, licensees and assignees.

Note exceptions here and/or by crossing out points above to which the photo/interview subject does not agree. Subject reserves the right to decline to answer certain questions and to stop the interview if he/she becomes uncomfortable. He/she may refuse the use of his/her full name and/or of his/her address, and may refuse to have his/her full face photographed.

Name of Person(s) to be Interviewed/Photographed:

Print Name: _____

Signature (if interview/photo subject is under age 18, an adult must sign):

Relation of Signer to Subject (if subject is under age 18): _____

Date: _____