

MODEL RELEASE FORM

I hereby agree to:

be interviewed, and for an audio and/or visual recording to be made, and/or photographs taken

or

for the person in my care to be interviewed and/or recorded and/or photographed (in the case where that person is under 18 years of age and I am that person's parent or legal guardian).

I understand and accept that:

1. there will be no payment for the interview, recording and/or photographs, or for their use
2. the interview, recording and/or photographs may used for the following purpose:

.....
.....

3. The copyright of the recording and/or photographs remains the property of :

.....

Name of person to be recorded/photographed

Position & Organisation

Address

Phone

Email

Signature

Date

Name of parent/guardian

Address

Phone

Email

Signature

Date