



Participant Release

Participant/Organization Name _____

Program/Project Title _____

Production Date(s) _____

I hereby authorize ideastream® to record and/or photograph the appearance and/or performance of _____ (name of individual or group) and to edit these photographs and/or recordings at its discretion, to incorporate this media into a television broadcast, radio broadcast, website content, social media posting, or printed publication and to use and license other public broadcast entities to use such recordings and/or photographs in any appropriate manner, including unrestricted use for purposes of publicity. I further acknowledge that ideastream owns all rights to the aforementioned recordings and/or photographs.

I hereby agree to indemnify ideastream for all loss, damage and liability whatsoever arising out of my appearance.

(Print or Type Name)

(Signature)

(Date)

(Street Address)

(City, State, Zip Code)

(Phone)

I am the parent and/or guardian of the above-named minor and I endorse the above statement in his/her behalf.

(Name)

(Signature)

(Date)

(Street Address)

(City, State, Zip Code)

(Phone)