

## Release Form

I, \_\_\_\_\_ agree that I maybe video recorded, interviewed or photographed as part of my participation in the Rosa Media Productions project \_\_\_\_\_. By signing below, I agree to allow Rosa Media Productions to use my ideas, likeness and all materials associated with the production of this project in any of their public relations, press, screenings, products, and online presence.

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

### If under 18, Parent or Guardian

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

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_ City,

State and Zip: \_\_\_\_\_ Phone:

\_\_\_\_\_