

# Documentary Interview Subject Release Form

**Project Title:**

**Production Company/Organization:**

## Interviewee Information

Full Name

Email

Phone

Address

## Terms of Release

I hereby grant permission to the above production company to record and use my voice, likeness, and statements made in connection with the above-named project, in all media formats for all purposes related to the project, including distribution, promotion, and exhibition, without additional compensation. I understand and agree that my participation is voluntary.

I acknowledge that I have read and understood this release form, and I voluntarily agree to its terms.

## Additional Notes

Interviewee Signature

Date

## For Producer/Representative Use

Name

Signature

Date