

# Video Content Release Authorization

I hereby grant permission to the following organization/individual to record, use, reproduce, and distribute video footage that includes my image, likeness, and/or voice for the purposes stated below.

**PERSONAL INFORMATION**

Full Name

Date

Address

**ORGANIZATION/INDIVIDUAL**

Name

Purpose of Use

Description of Video Content

**AUTHORIZATION**

I acknowledge that I will not receive compensation for the use of this video content. I hereby waive any right to inspect or approve the finished product where my likeness appears now or in the future, and I release the above organization/individual from any liability.

**SIGNATURE**

Signature  
Date