



# Media Release Form

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## Bonner Video Project

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For valuable consideration, I do hereby authorize \_\_\_\_\_ and those acting pursuant to her/his authority to:

1. Record my participation and appearance on videotape, audiotape, film, photograph, or any other medium.
2. Use my name, likeness, voice, and biographical material in connection with these recordings.
3. Exhibit or distribute such recording in whole or in part without restrictions or limitation for any non-commercial purpose.

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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