

Media Release Form (Adults)

Media Release

I hereby authorize Center for Responsive Schools of Turners Falls, Massachusetts, its licensees and assigns, to record my voice and image (on tape, or any other form of media yet to be developed), to edit these recordings into a videotape program, and to use such recordings in any manner or media whatsoever, including unrestricted use for purposes of publicity, advertising, sales promotion, and distribution in connection thereto. I further acknowledge that Center for Responsive Schools owns all rights to the aforementioned recordings.

Media/Photo Release

_____ I give permission for photographs and videos of myself, _____ and my work to be used by the Center for Responsive Schools, Inc. of Turners Falls, Massachusetts and its licensees and assigns, in their materials for educators, including newsletters, blogs, books, advertising, and online media. I understand that the photographs and videos will never include my last name.

Please check here if you prefer a pseudonym: _____

_____ I do not give permission for photographs and videos of myself, _____ to be used by the Center for Responsive Schools, Inc.

Print Name: _____

Signature: _____

Date: _____