



PIONEER VALLEY TRANSITION TOWNS FILM FESTIVAL

PERSONAL RELEASE

I, [print] _____ do here by authorize [the film maker] _____, to use my name, voice, likeness and/or photograph, in any manner they may elect in any and all media known or here after devised throughout the world in perpetuity, in connection with programming produced through or for the Pioneer Valley Transition Towns Film Festival. Furthermore, I do hereby release [film maker's name] _____, from any and all claims, liabilities or actions by the organizational committee, including, but not limited to libel, slander, invasion of privacy, misappropriation or any other claim based upon use of the above name , voice likeness or photograph, in connection with said program.

Signed under the pains and penalties of perjury,

Signature _____ Date _____

Name(pleaseprint) _____ Phone _____

Address _____

To be completed if the participant is under 18 years of age

I represent that I am the parent or legal guardian of the above named minor who has given the above release, and I hereby agree that I and Said minor will be bound thereby. Signed under the pains and penalties of perjury,

Signature _____ Date _____

Name(pleaseprint) _____ Phone _____

Address _____