

#STDfactsmatter

Personal Appearance Release

Production Date(s):

Program Title (working title, the "Program"):

Participant's Name:

Producer/Production Entity ("Producer"):

Production Location:

I hereby authorize Producer to record and edit into the Program and related materials my name, likeness, image, voice, and participation in and performance on film, tape or otherwise for use in the above Program or parts thereof (the "Recordings"). I agree that the Program may be edited and otherwise altered at the sole discretion of the Producer and used in whole or in part for any and all broadcasting, non-broadcasting, audio/visual, and/or exhibition purposes in any manner or media, in perpetuity, throughout the world.

Producer may use and authorize others to use all or parts of the Recordings. Producer, its successors and assigns shall own all right, title, and interest, including copyright, in and to the Program, including the Recordings, to be used and disposed of without limitation as Producer shall in its sole discretion determine.

Signature of Person Appearing:

Signature of Parent/Guardian, if Person Appearing is less than 18 years old:

Address:

City, State, Zip:

Phone:

Date:

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