

Supportive Housing Association & Create Films

Media Release

I, _____ and do hereby give permission
(*Please print your name*)

to be photographed and/or videotaped by Supportive Housing Association Create Films and Tacoma Pierce County Health Department or its representatives.

I understand and agree that the photographs and/or video containing the image and/or voice of the myself may be used in the production of instructional and/or promotional materials produced during film classes taught by Supportive Housing Association Create Films staffs by or on behalf of Supportive Housing Association Create Films and Tacoma Pierce County Health Department (hereinafter the "Program") and that such materials may be distributed or broadcast to the public and displayed publicly.

I also understand that my permission to use the photographs and videotapes is for an unlimited duration and that neither I will receive any compensation for granting this permission or for the use, if any, by Supportive Housing Association Create Films Tacoma Pierce County Health Department of the image and/or voice.

I acknowledge that Supportive Housing Association Create Films and Tacoma Pierce County Health Department has no obligation to use the image or voice in connection with the Program. I hereby unconditionally release Supportive Housing Association Create Films and Tacoma Pierce County Health Department its representatives from any and all claims and demands arising out of the activities authorized under the terms of this agreement. I have read the foregoing agreement and am familiar with all of the terms and conditions thereof and I consent to participate fully in this activity. I agree that I will not revoke or disaffirm this agreement at any time.

Participant Signature:

Signature

Date Signed