



MEDIA CONSENT AND PHOTO RELEASE FORM

I hereby grant to BookSpring and those acting under its permission or upon its authority to:

- record my participation and appearance on video and audio recordings, film, photograph or any other media.
- use my name, likeness, voice, and biographical material in connection with these recordings.
- Exhibit or distribute such recording in whole or part without restrictions or limitation for any educational or promotional purpose which BookSpring, and those acting pursuant to its authority, deem appropriate.
- In addition, I grant my permission to alter the same without restriction; and to copyright the same.
- This authorization and release is for an unlimited period of time.

Name

Parent/Guardian Name (if under 18)

Address

Phone Number

Email Address

Signature

Date