

# STONE LANTERN FILMS

## PERSONAL RELEASE FORM

Program Title: SCHOOL "REFORM"

Dates of Recording:

Location:

I agree to be taped for the above Program and I hereby irrevocably grant to Stone Lantern Films, Inc. and its licensees, permission to use such appearance, in whole or in part, in the Program and in other programs and that the Program, the footage containing my appearance and any portions of the Program or such footage may be distributed in all broadcast and non-broadcast media including, but not limited to television, radio, cable, audio and video, web-sites and other interactive media worldwide in perpetuity. I also consent to the use of my appearance, name, voice, likeness, picture and biographical data in publicity and advertising concerning the Program and other programs containing my appearance and in publications related to the Program and such other programs.

I expressly release Stone Lantern Films, Inc, its underwriters and licensees, from any claims I may have arising out of the broadcast, exhibition, publication, promotion, and other uses of this Program and the footage containing my appearance.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

### FOR PARENT OR GUARDIAN

I hereby warrant that I am the parent or guardian of \_\_\_\_\_ and have full authority to authorize the above Release which I have read and approved. I hereby release and indemnify Stone Lantern Films, Inc, its underwriters and licensees from and against any and all liability arising out of the exercise of the rights granted by the above Release.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

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