



Productions

EPIC G PRODUCTIONS RELEASE FORM

Date: _____

I _____

residing at

_____ Street City State Zip

hereby consent to the photographing, recording, filming, and use of my voice or person, live or recorded, for broadcasting and exhibition as part of the television special produced by students of Eastern Kentucky University's Broadcast and Electronic Media Major and Communications Department in conjunction with EPIC G Productions. The program will be aired as part of EPIC G Productions' Family 2 Family educational series.

Further, I hereby release and otherwise agree to hold you harmless and to indemnify you, your licenses and/or assigns, from any and all claims arising out of, or resulting from, my appearance and my statements in the above production.

Signature:

Parental Signature (Needed if child is under the age of 18):

Print Name:

Print Parent's Name:

Telephone Number:

Date of Birth:
