



## Media Release Form

I hereby give permission to Episcopal Migration Ministries:

- 1) to interview me / photograph me (still or moving images) / record my voice,
- 2) and to use, reuse, publish and republish the same in perpetuity in whole or part for any lawful purposes in all media whether now known or hereafter existing, including print, broadcast and the World Wide Web,
- 3) and to use my full name in connection therewith, except as indicated here (explain any restrictions):

I will not make any claims for royalties, consideration or other compensation or make other claims, including any claims for libel, for the use of the interview and/or the photograph(s)/video/recording of my voice. I understand and agree that these materials will become the property of Episcopal Migration Ministries and will not be returned. I irrevocably authorize Episcopal Migration Ministries to edit, alter, copy, exhibit, publish or distribute any photo, video or recording for purposes of publicizing any EMM program or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy. This authorization and release also apply to the organization(s)/publication(s) for which the photographer/interviewer took the photos/video, recorded my voice and/or conducted the interview, and to their legal representatives, licensees and assignees. I agree to indemnify and hold harmless and fully release and forever discharge Episcopal Migration Ministries from all claims, demands and causes of action which I, my heirs, representatives, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I reserve the right to decline to answer certain questions and to stop the interview if I become uncomfortable. I understand that I may refuse the use of my full name and/or of my address and may refuse to have my full face photographed (as indicated above).

### **Name of Person(s) to be Interviewed/Photographed:**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature (if interview/photo subject is under age 18, an adult must sign):

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Relation of Signer to Subject (if subject is under age 18): \_\_\_\_\_