



Release Form for Media Recording

I, the undersigned, do hereby consent and agree that the Manitowoc Area Visitor & Convention Bureau (MAVCB), its employees, or agents have the right to take photographs, videotape, or digital recordings of me beginning on _____ and ending on _____

and to use these in any and all media, now or hereafter, and exclusively for the purpose of advertising and marketing. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to the MAVCB, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that the MAVCB, its agents, and employees are not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

If this is for a minor: By signing below, you acknowledge and agree that (a) you are the parent or legal guardian of the minor indicated below (b) you have no objection to the use of your child's image as outlined herein, (c) your child's name may be used in connection with use of the photos/videos, (d) you waive any claim you might have in connection with use of the photos/video and your child's name as described herein, including claims for invasion of privacy and libel, (e) you waive the right to inspect or approve the photos/video or the specific uses to which they are applied, and (f) the MAVCB is the sole owner of the photos/video and the sole judge of which photos/video are approved for use.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Minor's Name: _____ (if applicable)

Name (print): _____ Date: _____

Address: _____

Phone: _____

Signature: _____