

PERSONAL APPEARANCE RELEASE FORM

Production Details

Production Title: Want To Know How The Students Union Empowers Students!

Production Company: Bradford College Channel

Producer/Director: Ahmed Raza

Contact Email: 11721875@bradfordcollege.ac.uk (Teams)

Contact Phone: +44 7424 476151

Participant Details

Full Name: _____

Address: _____

City: _____ **Postal/Zip Code:** _____

Phone: _____

Email: _____

If under 18, Name of Parent/Guardian: _____

Consent Agreement

I, _____ (print name), hereby grant to _____
(production company name) and its assigns, licensees, successors, and affiliates
(collectively "Producer"), the right to record, film, photograph, and interview me in
connection with _____ (production title).

I authorise Producer to create recordings of my person, statements, appearance,
performance, poses, actions, voice and anything else needed for the production
(collectively the "Recordings").

I grant to Producer worldwide, royalty-free, perpetual, irrevocable right to use, copy,
publicly display, publicly perform, and distribute the Recordings, in whole or in part, in
any media format now known or later developed. This includes, but is not limited to:

- Broadcast via television, film, internet, mobile platforms
- Non-broadcast media including DVD, streaming services
- Promotional and marketing materials
- Educational use

- Festival submissions
- Social media platforms

I understand that Producer has no obligation to use the Recordings or to compensate me for any uses of the Recordings.

I waive any right to inspect or approve the Recordings or any finished products that incorporate the Recordings.

I release Producer from any liability, loss, expenses, claims, or demands arising out of Producer's use of the Recordings, including, without limitation, any claims for defamation, invasion of privacy, right of publicity, or copyright infringement.

I affirm that I am either at least 18 years of age, or the parent/legal guardian of the participant named above who is under 18 years of age.

I understand that this is a legally binding agreement that cannot be modified or revoked except by mutual written agreement by all parties involved.

Special Conditions or Limitations (if any)

Signatures

Participant Signature: _____

Date: _____

Parent/Guardian Signature (if applicable): _____

Date: _____

Producer Representative Signature: _____

Position: _____

Date: _____

Witness

Witness Name: _____

Witness Signature: _____

Date: _____

Note: This document should be completed in duplicate, with one copy retained by the participant and one copy retained by the production company.