



RELEASE FORM

For good and valuable consideration, the receipt and sufficiently of which is hereby acknowledged, I hereby give DIREC Educational Programming (DIREC), the right to use my name and/or likeness, recorded image and voice recording in the documentary with the working title of "Faces of Nursing, Houston" any and all forms of publishing, photography, film, video tape, audio tape, digital video, audio media and all future forms of recording for the purpose of exhibition in public venues, broadcast, cable, radio and in all manner without restriction as to changes or alterations for the positive promotion of the healthcare industry and the history of healthcare in the Houston and Galveston area which may include advertising, trade, promotion, exhibition or any other lawful purposes.

I acknowledge that DIREC shall have no obligation to utilize my name and/or likeness in the promotional video, photography or any other media use.

I hereby release and agree to hold harmless all representatives of DIREC, their assigns, licensees, successors in interest, legal representatives and heirs from any liability by virtue of any distortion, alteration, or use in duplication or editing, unless it can be shown that the resulting product thereof were maliciously caused, produced or aired solely for the purpose of subjecting me to scandal, reproach, scorn, and indignity.

I agree that DIREC owns the copyright in these recordings and photographs and I hereby waive any claims I may have based on any usage of the recordings or works derived therefrom, including but not limited to claims for either invasion of privacy, infringement of my right of publicity, defamation (including libel and slander), false light, and any other personal and/or property rights.

Any of the assets mentioned above will require a new request for permission of use from DIREC if it is intended to be used for other projects outside the scope of the "Faces of Nursing, Houston" project.

I am of full age and competent to sign this release or have permission from my parent or legal guardian. (Minors must have signature of parent or legal guardian below). I agree that this release shall be binding on me, my legal representatives, heirs and assigns. I have read this release and am fully familiar with its contents.

PRINT Name

Date

SIGNATURE

Address _____ City _____ Zip _____

Phone (_____) _____ E-Mail: _____

____Text me a reminder and directions on the day of the interview.