

GRANDPARENT/ELDER PHOTO/VIDEO/AUDIO RELEASE FORM

EVENT: _____ **DATE:** _____

PARTICIPATING GROUP(S): _____

I understand that I will be photographed, video-, or audio-recorded during a project or event sponsored by the group(s) listed above – and that the resulting product may be used without limitation as to time. Each sponsoring group and its partner groups have my permission to use my voice and name, and any footage and/or photograph in which I appear for whatever use they deem necessary.

Name (Please print.)

Signature

Address

City, State, Zip

Phone

Please include your phone so we can contact you with any interview details and your address so we can invite you to the premiere of the video on Kansas Day.