

Media Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice recorded as audio or video without payment or any other consideration. I understand that my image or voice may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or audio/video recording. I also understand that this material may be used in promotional settings within an unrestricted geographic area. (Note: As the parent or guardian of a minor, this release form applies to your child's image/voice/or video recording if indicated by your signature below)

Photographic, audio or video recordings may be used for the following purposes:

- **Promotional**, creative, and educational photos/videos/audio for **Abram R. Katz Productions**
- **Promotional**, creative, and educational photos/videos/audio for **Heartisan Foundation**
- **Licensing** of all photographs and all associated media collected by **Abram R. Katz**

By signing this release form, I understand this permission signifies that photographic, audio or video recordings of me (or my child if applicable) may be electronically displayed via the Internet or in a public setting. I will be consulted about the use of the photographs or audio/video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. This release applies to photographic, audio or video recordings collected as part of all sessions conducted by **Abram R. Katz Productions**, and **Heartisan Foundation**.

By signing this release form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for promotional, creative or educational purposes.

Today's Date _____

Your Full Name _____ Minor _____
(and minor who you are legally responsible for if applicable)

Your Signature _____

Email Address _____

Home Phone _____ Mobile Phone _____

Street Address/P.O. Box _____

City _____ Zip Code _____