Video Release Form

Date:_____



Producer: Generation Massages Date:	_
1. Contact Information	
Full Name of Participant	
Date of Birth	
Address	
Phone Number	
Email	
and assigns to record, use, and distributelevision program, or other production. • Use of Image and Voice: The unrestricted rights to use my image, and broadcast media) without limitation • Right to Modify and Edit: Permission to edit, modify, and/or alter to the production team. • Royalty-Free Use: I understand that I will not receive a participation in the production. • Duration of Agreement: This release is valid indefinitely and apposition between myself and Generatin Massage	
- , - , - ,	T y g this release form, I waive any rights to claim against Generation lims arising from my participation in this production.
4. Signature	
Participant's Signature	