CENTER FOR WILDERNESS
CRYPTID STUDIES
CryptidStudies.Org

VOLUNTEER MEDIA RELEASE AND CONSENT FORM

Center For Wilderness Cryptid Studies
2255 Old Murphy Road, Suite 105, Franklin, NC 28734

1. Participant Information

Full Name: _____

Preferred Name (if different): _____

Email: _____

Phone: _____

2. Description of Media Activity

I understand that I may be photographed, filmed, audio-recorded, or otherwise recorded while participating as a volunteer with the Center For Wilderness Cryptid Studies, including but not limited to:

- Field research activities
- Interviews
- Educational or documentary recordings
- Promotional or informational content
- Live or recorded media appearances

These recordings may occur in public or private locations and may be scheduled or incidental.

3. Grant of Rights

I hereby grant the Center For Wilderness Cryptid Studies, its representatives, partners, licensees, and assigns the irrevocable and unrestricted right to:

- Record my image, voice, likeness, name, and statements
- Use, reproduce, edit, modify, distribute, publish, and display these recordings, in whole or in part

This includes use in **any media format**, now known or later developed, including but not limited to:

- Video and film
- Television and streaming platforms
- Social Media
- Websites
- Print publications

- Educational, archival, or promotional materials

I understand that these materials may be used **without further notice or approval**.

4. No Compensation

I acknowledge that my participation is voluntary and that I will **not receive financial compensation** or royalties for the use of my image, voice, or likeness.

5. Waiver and Release of Liability

I hereby release and hold harmless the Center For Wilderness Cryptid Studies, its officers, directors, volunteers, contractors, and affiliates from any claims, demands, or liabilities arising from or related to:

- The recording of my participation
- The use or publications of the recordings as described above

This includes, but is not limited to, claims of invasion of privacy, defamation, or misrepresentation.

6. Withdrawal of Consent

I understand that once media has been published or distributed, it may not be possible to fully remove it. Withdrawal of consent will apply only to **future, unpublished uses**, where reasonably feasible.

7. Age Confirmation

__ I confirm that I am **18 years of age or older**

- or -

__ I am the parent/legal guardian of the minor named below:

Minor's Name:

_____

8. Acknowledgment and Signature

I have read an fully understand this Media Release and Consent Form. I am signing it volutarily.

Participant Name (printed):_____

Signature: _____

Date: _____

If Participant Is a Minor

Parent/Guardian Name (printed): _____

Signature: _____

Date: _____