



CENTER FOR WILDERNESS
CRYPTID STUDIES
CryptidStudies.Org

SHORT FORM MEDIA RELEASE AND CONSENT

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

I, _____ (printed name), hereby grant the Center For Wilderness Cryptid Studies permission to photography, film, audio-record, and otherwise record me during my participation.

I authorize the use of my image, voice, name, and likeness in **any media**, including but not limited to video, audio, print, online, social media, educational, documentary, or promotional materials, without compensation.

I understand and agree that these recordings may be edited, duplicated, published, and distributed for nonprofit, educational, research, or promotional purposes. I release and hold harmless the Center For Wilderness Cryptid Studies and its representatives from any claims related to the use of these materials.

I confirm that I am at least **18 years of age**, or I am the parent/legal guardian of the minor named below.

Full name (printed): _____

Signature: _____

Date: _____

Phone or Email: _____

If Participant is a Minor

Minor's Name (printed): _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date: _____