Community Access Partners of
San Buenaventura
CAPS Media
CAPS Radio KPPQ-LP 104.1 fm

Personal Release Form

65 Day Road
Ventura, CA 93003
(805) 658-0500 ph
(805) 658-0505 fax
www.capsmedia.org/radio

Producer: _____

Production Title: _____

Production Date(s): _____

Production Location: _____

1) I, the undersigned, hereby authorize _____, Community Access Partners of San Buenaventura, its employees or agents, to photograph me, take motion pictures of me, take videotapes of me, and /or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).

2) I authorize the use of any such audio, photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by Community Access Partners of San Buenaventura without any monetary or other compensation due me (I understand that I may be identifiable from such audio, photographic or electronic reproductions.)

3) I understand that the content cannot be edited or modified in any way from the completed version delivered by CAPS.

Agreed and accepted by:

Print Name: _____

Street Address:_____ **City/State/ZIP**_____

Phone: _____**Email:** _____

Signature:_____ **Date**: ____/____/_____

Parental or Guardian Signature: (if subject is under 18)

_____ **Date**: ____/____/_____