



**City of San Bernardino, Economic Development  
Agency  
Inland Empire Media Group  
Individual Release Form**

I, \_\_\_\_\_, hereby enter into this agreement with the City of San Bernardino, Economic Development Agency Inland Empire Media Group (IEMG). I have been informed and understand that IEMG is producing a program or programs, and that my name, likeness, image, voice, performance or story, is being recorded as part of that production.

I hereby grant IEMG, and its designees, the right to use any of said recordings in its productions, and I agree that IEMG shall have complete ownership of the program or programs in which I appear.

I also grant to IEMG the right to cablecast and distribute for community access cablecast any of said recordings either alone or as part of its finished productions. This includes the right to use said recordings for promotion or publicizing of these uses. I also affirm that, unless indicated on the back of this release form, all art work represented as mine is copyright cleared for cablecast, and I hereby expressly authorize such use.

I have not been, nor do I expect to be, compensated in any manner for any uses made of recordings of myself or my work.

I expressly release IEMG and its officers, employees and agents from any and all claims, known or unknown, arising out of, or in any way connected with, the above uses and representations. I assume full legal responsibility for any disputes concerning unauthorized use of copyrighted or royalty rights material.

Furthermore, I indemnify and hold harmless the City of San Bernardino, Economic Development Agency IEMG, the Community Cable Television Commission, and the local cable companies, their employees, and agents from all liability, damage and/or loss arising out of, or caused by, cablecast of the above-mentioned program/s.

I have read through the foregoing and understand the terms and conditions contained herein.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

If a minor, permission granted by the parent or guardian.

\_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_