

# Release Form

Production Title

Production Date

I, the undersigned, hereby authorize KTOP-TV, its employees or agents, to photograph me, take motion pictures of me, tape videotapes of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions.)

I authorize the use of any such 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 KTOP-TV (I understand that I may be identifiable from such photographic or electronic reproductions.)

Agreed and accepted by:

Print Name

---

Address

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City, State, Zip

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Phone

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Signature & Date

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I am signing this form as an individual                      yes \_\_\_\_\_ no \_\_\_\_\_  
I sign this form as a representative of a group                      yes \_\_\_\_\_ no \_\_\_\_\_

## CITY OF OAKLAND

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