Release Form

Production Title

Production Date

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

I authorize the use of any such photographic, sound, musical or electronic reproductions produced by 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 or any original copyright music composition may be identifiable from such photographic or electronic reproductions and that I have the right to grant such authorization.)

Agreed and accepted by:

Print Name

_____

Address

_____

City, State, Zip

_____

Phone

_____

Signature & Date

_____

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

250 FRANK H. OGAWA PLAZA, SUITE 5354 • OAKLAND, CALIFORNIA 94612-2034

Office of the City Administrator
KTOP Channel 10 Television

Phone: (510) 238-3566
Fax: (510) 238-1366