

SWTV MEDIA RELEASE FORM

Authorization for Release of Photographs, Videotape, Audio Recording or Film

I (we) hereby consent, authorize and assign any and all rights to SWTV, the City of Edina and the Edina Playback Facility, including agents, officers, employees and all other persons or entities to whom release or circulation may be made including news and media organizations ("Organizations") to use, reproduce, prepare, publish, distribute, transmit, exhibit or broadcast photos, videos, film and audio recordings (whether or not edited, retouched, altered or otherwise changed or modified), any picture, portrait or likeness of me for use in publicity releases in newspapers, for posting on social media sites, broadcasting on television or radio, for use on the City's website(s) or videos, or any other City publication.

I (we) further consent and authorize the Organizations and others to release or circulate the same in any manner for any and all purposes in any form with or without my name, group or organization or other identification or the names of others covered by this release.

I (we) understand the photos, videos, film and/or audio recordings will be viewed by the general public and that other use may be made of them.

I (we) further agree and consent that the Organizations and others are not responsible for any misappropriation of the photos, videos, film and /or audio recordings by any member of the general public or anyone else. I (we) further agree that the Organizations are not responsible for any harm that may arise from any such misappropriation.

I (we) waive all right of privacy or compensation which I (we) may have in connection with such use of my picture, portrait or likeness by the City.

I (we) have read the foregoing release, authorization and agreement before signing below and I warrant that I (we) fully understand the contents thereof.

By checking this box with an 'X' and submitting this form electronically, you agree that you have read, understand, and will comply with the Southwest Television Media Release Form.

Name: _____

Name of Parent or Guardian (If a Minor): _____

Signature: _____

Signature Date: _____