



## GENERAL RELEASE

I hereby grant PBS Wisconsin the right to use my name, image, likeness, voice, interview or performance and/or the location or materials or services I provide as described below (“Content”), as well as the right to record the Content and to edit such recording. PBS Wisconsin may distribute the Content via broadcast, online streaming, public display or in any other format or media throughout the world in perpetuity for noncommercial or promotional purposes.

I have the full authority to grant the permissions included in this Release and I affirm that, to the best of my knowledge, no other permissions are required from any other person or entity. I affirm that: (a) PBS Wisconsin is the owner of all rights in and associated with the PBS Wisconsin program/project containing the Content; (b) unless otherwise indicated below, PBS Wisconsin is the sole copyright owner of any material I create for PBS Wisconsin; and, (c) no monetary consideration is due and owing myself or the individual on whose behalf I am authorized to sign. I release PBS Wisconsin, the Board of Regents of the University of Wisconsin System and the Wisconsin Educational Communications Board, their employees, licensees, agents and assigns from any claim for fees or royalties, or for damage to my person, property or reputation or for invasion of privacy.

|                                               |                           |
|-----------------------------------------------|---------------------------|
| <b>Name of PBS Wisconsin Program/Project:</b> |                           |
| <b>Your Name:</b>                             |                           |
| <b>Your Street Address:</b>                   |                           |
| <b>Your Email Address:</b>                    | <b>Your Phone Number:</b> |
| <b>Your Signature:</b>                        | <b>Date:</b>              |

*If applicable:*

|                                                                                     |
|-------------------------------------------------------------------------------------|
| <b>Name of your child/ward on whose behalf you are signing:</b>                     |
| <b>Description of location, material and/or service contributed or other notes:</b> |