Bridging Divides, Healing Communities Release Form

I hereby grant to the Bridging Divides/Healing Communities project (Berkshire Taconic Community Foundation (BTCF), The Civic Life Project (CLP), Berkshire Film and Media Collaborative (BFMC) and their representatives, employees, agents and assignees, the absolute and irrevocable right and permission, in perpetuity, to interview me and/or to use, reproduce and publish photographs or video of me including my image and likeness as depicted therein, biographical information about me, and statements made by me (collectively, my “Profile”) for editorial, fundraising, advertising or any other purpose and in any manner and medium, whether now known or hereafter existing; to alter the same without restriction; and to copyright the same in the Bridging Divides/Healing Communities name or any other name that BTCF, CLP and BFMC may choose. BTCF, CLP and BFMC may use or not use my Profile at its sole discretion.

I make this grant in consideration of the opportunity to assist BTCF, CLP and BFMC in the filmmaking project/festival Bridging Divides/Healing Communities. I understand that BTCF, CLP and BFMC are investing time and effort into the preparation of my Profile, and in this connection is relying on this grant.

I hereby release and discharge BTCF, CLP and BFMC and its trustees, officers, employees, agents, legal representatives, and assignees from any and all claims and demands arising out of or in connection with the use of my Profile and all claims and demands arising out the production of my submitted film.

IN WITNESS WHEREOF, the undersigned, intending to be legally bound hereby sets his or her hand and seal the date written below.

GENERAL PURPOSE OF USE: To use video and/or photography taken for the Bridging Divides/Healing Communities project, which may include being in an actual film as well as any related promotion including BTCF, CLP and BFMC websites, printed materials, associated social media webpages managed by BTCF, CLP and BFMC (Facebook, Instagram Twitter, etc), as well as other news outlets utilized by BTCF, CLP and BFMC.

Name (print) __________________________ Date __________________________

Signature ____________________________ Phone __________________________

Email Address_____________________________________________________________________

City/State _______________________________________________________________________

If under 18 years of age, signature of parent/guardian _________________________________

Parent/guardian name (print) ______________________________________________________