



RELEASE AND PERMISSION FORM

I hereby grant permission to ADL to photograph, film, videotape or otherwise record me and use my picture, voice, silhouette and other reproductions of my physical likeness in and in connection to any production, and in the advertising and/or publicizing of any such production. I further grant permission to use my story and/or personal account without further approval.

I also grant ADL the right to publish, exhibit, display, copyright, license, transfer, edit, or in any other way use in any form, without prior approval, my image, name, voice or material spoken by me, for any purpose whatsoever, including without limitation educational, commercial, trade and pictorial art. I further give ADL the right to reproduce in any manner whatsoever any recordings made by ADL of my voice and all instrumental, musical, or other sound effects produced by me.

I hereby release ADL, its officers, directors, employees, agents, members, associates, successors, licensees, and assigns from any and all liability for damages, including but not limited to damages for libel, slander, invasion of privacy or any other claims based on the uses outlined above.

I hereby agree to all the terms above _____ **DATE.**

STORY RELEASE FORM

I hereby grant permission to ADL to use my story in any and all publications, applications, including print, electronic or Web.

I acknowledge and understand that once my story is posted on ADL's website or on other Internet sites or applications that it will be available to anyone anywhere and can be downloaded by anyone with internet access.

I acknowledge and understand that my decision to sign or not to sign this form will not change my relationship with ADL in any way.

This has been explained to me by an ADL Staff member in a language I understand. I have had the opportunity to ask questions. I acknowledge that I make this decision freely.

Please check one:

_____ **YES, you may use my real name with my story**

_____ **NO, you may NOT use my real name with my story**

NAME: (PRINT) _____

SIGNATURE: _____ **Date** _____

If applicable:

ADDRESS: _____

PHONE: _____ **e-mail** _____

Witnessed and countersigned by ADL staff

NAME (print) _____

ADL LOCATION _____

SIGNATURE _____ **DATE** _____