

CITY OF TORRANCE
OFFICE OF CABLE AND COMMUNITY RELATIONS

AUTHORIZATION AND RELEASE

DIGITAL MEDIA

Media Title:

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I specifically authorize and empower THE CITY or THE FOUNDATION to cause any such recordings of my voice and image, to be licensed or in any other manner to be legally registered in the name of THE CITY or THE FOUNDATION with regard to this program.

I, for myself, my heirs, executors, administrators and assigns, hereby remiss, release, and discharge THE CITY or THE FOUNDATION for and from any and all claims of any kind whatsoever on account of the use of such recordings of my voice and image, including but not limited to any and all claims for damages for libel, slander and invasion of the right of privacy.

I am of lawful age and of sound mind, and have read and understand this Authorization and Release.

Signed this day of , 20 .

Name (Print)

Title

Company

Address

Phone Number

Signature

WITNESS

Name (Print)

Signature