



APPEARANCE RELEASE FORM

I, _____, understand that Suffolk County Council, Boy Scouts of America is using these premises to record footage for Video Production.

As such, I grant _____ the right to record my image, likeness, voice, etc. for the purposes of this production.

Producers may edit any material recorded in any way they see fit.

Producers may also use any of the material in any marketing and/or publicity campaigns, or in any other method that is associated with the production, but that they are not in any way required to use any of it if it does not work for their purposes.

I understand that I will not be compensated in any way for the recording and/or use of my image, likeness, voice, etc.

Name

Signature

Address

Phone Number

