APPEARANCE RELEASE

I hereby grant to **WPMI/WJTC**, which owns, programs, or provides other services to television broadcast station **WPMI/WJTC** (the "Station"), the right to use my name, likeness, portrait, recorded voice, biographical material and any written or narrative material, for use in any and all media, without payment of compensation but with other consideration hereby acknowledged, in any commercial(s) produced by Station.

Station shall have the right to broadcast, modify, sell, syndicate, license, lease, give or use in any way determined by Station any of the aforementioned programs or materials to any person, corporation, partnership or entity or destroy any of the aforementioned programs or materials.

I agree to indemnify, release, forever discharge and hold harmless and covenant not to make a claim or sue Station, its parent companies, subsidiaries, affiliates and divisions, stockholders, directors, officers, employees, agents representatives, successors, heirs and assigns and each and every person acting through, under or in concert with them, or any of them (hereinafter collectively and individually referred to as "Released Parties") of and from all manner of action or actions, cause or causes of action, at law or in equity, suits, claims, demands, liability, loss, cost or expense, of any nature whatsoever, known or unknown, fixed or contingent (hereafter referred to as "Claims") which may have or hereafter have against Released Parties by reason of any injuries or damages that I may sustain, whether to my person, property or reputation, as a result of or incident to any commercial produced by the Station in which I appear.

I HAVE READ THIS RELEASE AND AGREE TO ALL OF ITS TERMS:

Signature	Date
Name (please print)	
If under eighteen (18) years of a sign below:	ge, your parent or legal guardian must
I certify that I am the parent or legal	guardian of,
and on behalf of	as well as myself, have read this
release and agree to all of its terms.	
Parent or guardian signature	 Date
Name (please print)	



AUTHORIZATION FOR PHOTO-VIDEO RELEASE

E-mail: ______ Phone: _____

Name of Individual being Photographed/Filmed/Recorded (please print):

Address:
I, the undersigned, hereby grant permission to the Mobile Police Department (the "Department") to take, use, reuse, publish my likeness (photographic, video-form or otherwise) and voice, for the purposes of public service announcements, publicity, promotion or any other use by the Department, in any and all forms, media and manners, including but not limited to, news releases, websites, social media, photographs, video and marketing for an indefinite period of time.
I understand and agree that these images and voice recordings may be used for a variety of purposes, as outlined above, without further notification. And as such, I further agree that I do not have any right to inspect or approve of the finished photographic, video, or audio recorded products.
I acknowledge that no compensation, fee or royalty will be paid for above mentioned uses of my likeness or voice and that the Department owns all rights to the images, videos and recordings, and all derivative works created therefrom.
I understand that this consent is perpetual, that it may not be revoked, and that is binding on me, my heirs, assigns or any other third party.
I understand that signing this Authorization does not obligate the Department to make use of any photographic or video images or voice recordings.
I release the Department, its officers, employees, agents, and assigns from any and all claims, demands, damages and liabilities arising out of, or in connection with, the use or distribution of said photographs, video or audio recordings, including but not limited to, claims of invasion of privacy, defamation, or infringement of copyright, moral rights, or rights of publicity.
This release expresses the complete agreement of the parties and supersedes all prior communications, contracts, or agreements between the parties with respect to the subject matter of this release, whether oral or written.
Date:
Signature of Individual Being Photographed/Filmed/Recorded
Signature of Authorized Representative if Signing on Behalf of Individual Relationship to Individual