INTERVIEW/PHOTO/AUDIO/VIDEO RECORDING
CONSENT AND RELEASE

I, _____, hereby consent to interview(s), photography, audio recording, video recording of my participation ("Appearance") in the project entitled "24 Hours of Reality" ("Project"), and I hereby expressly grant in perpetuity a worldwide right to the Alliance for Climate Protection d/b/a The Climate Reality Project ("Climate Reality") or the Climate Projection Action Fund ("CPAF") and their affiliates, representatives and agents to use, distribute, broadcast, reproduce, rebroadcast, publicly display, publicly perform and otherwise use and to license the use of my Appearance in connection with the Project, including the advertising and publicizing, exhibition and/or other exploitation of the Project, in any manner, by any means and in any media now known and hereafter devised, including without limitation to theatrical, television, all forms of home entertainment, all forms of internet distribution and/or other media.

I hereby release Climate Reality and CPAF, together with their directors, officers, employees, agents, attorneys, volunteers, consultants and consulting staff, and their insurance carrier from any liability connected with the taking, recording, digitizing, or publication of interviews, photographs, computer images, video and/or or sound recordings.

I hereby waive all rights I may have to any claims for payment or royalties in connection with any exhibition, streaming, webcasting, televising, or other publication of these materials, regardless of the purpose or sponsoring of such exhibiting, broadcasting, webcasting, or other publication irrespective of whether a fee for admission or sponsorship is charged. I also waive any right to inspect or approve any photo, video, or audio recording taken by Climate Reality or CPAF or the person or entity designated to do so by Climate Reality or CPAF.

I hereby declare that I am at least eighteen (18) years of age and am legally competent to execute this release or that my parent or guardian set forth below has executed this release on my behalf.

I acknowledge that I have fully informed myself of this consent, waiver of liability, and release.

Name (Print):	_____	Parent/Guardian Name (Print)	_____
Signature:	_____	Signature:	_____
Date:	_____	Date:	_____
City:	_____	City:	_____
State:	_____	State:	_____
Zip:	_____	Zip:	_____
Phone:	_____	Phone:	_____
Email	_____	Email:	_____

INTERNAL USE ONLY

Videographer/Equipment Operator Name:_____

Description/Scene:_____

Message Tags/Keywords:_____