

## VIDEO DOCUMENTARY INTERVIEW RELEASE FORM

My signature below will confirm my agreement with filmmaker/photographer, \_\_\_\_\_, her legal representatives and assigns and SUNY New Paltz regarding the disposition of video documentary and photographs of interviews conducted with me, \_\_\_\_\_, on (date) \_\_\_\_\_ for \_\_\_\_\_ (title of project).

I understand that the tapes both of me and, if applicable, my property at \_\_\_\_\_, and transcripts (if transcribed) of the interview(s) will be maintained and made available indefinitely by the filmmaker/photographer for such research, production (e.g., radio, television, film festivals, World Wide Web, exhibitions, related advertisements), and educational purposes as the filmmaker/photographer shall determine.

I hereby grant, and transfer to the filmmaker/photographer all rights, title, and interest in the interview and video documentary, including without limitation the literary rights and the copyright. I hereby release filmmaker/photographer, her legal representatives and assigns, and SUNY New Paltz from all claims and liability relating to said documentary and photographs.

The filmmaker/photographer agrees to retain the integrity of the interviewee's image and voice, neither misrepresenting the interviewee's words nor taking them out of context.

I attest that I have voluntarily agreed to be interviewed and that this document contains the entire and complete agreement concerning the use and preservation of my interview.

Signature of Interviewee: \_\_\_\_\_ Date \_\_\_\_\_  
Name (printed): \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Signature of Interviewer: \_\_\_\_\_ Date \_\_\_\_\_  
Name (printed): \_\_\_\_\_