media release form

thank you for participating in a kohala center program.

as is common practice with many nonprofit organizations, the kohala center periodically produces print or audiovisual materials, so that a broader audience can learn about our work. thus, the kohala center and its authors, producers, editors and other personnel related to recording this program request your kind permission to illustrate, photograph, record and/or video tape your likeness, voice and/or personal identification.

please know that the kohala center will not sell for a profit print or audiovisual materials that incorporate your likeness, voice, and/or personal identification. as mentioned above, these materials will be used solely to advance the mission of the kohala center as a nonprofit center for research and education. you will also retain the right to use your likeness, voice, and/or personal identification that appear in our print or audiovisual materials.

by signing this document, you release the kohala center, the author(s), producer(s), editor(s) and related project personnel from any and all claims in the usage of your likeness, voice and/or personal identification, as incorporated and edited into material including, but not limited to, digital media, advertising, promotion, press releases, video tapes, books and/or other printed material.

by signing this release, you also understand that the kohala center is unable to provide you with financial or other remuneration for recording your likeness and/or voice, either for initial or subsequent usage, and that the kohala center is not responsible for any expense or liability incurred as a result of your participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

i agree with the above provision and hereby grant to the kohala center permission as requested above.

printed name (under 18)______________________________

signature of above____________________________________

printed name of parent (if above is under 18 years of age)______________________________

signature of above____________________________________

date_______________________

the kohala center staff__________________________________