

# Media Representation Release

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I, [Your Name], hereby grant [Media Organization/Company Name] the right to use my name, image, likeness, and voice in connection with media representation related to [Specify Event/Project].

This authorization allows [Media Organization/Company Name] to capture, reproduce, and distribute materials that may include my representation in any form of media including, but not limited to, print, digital, and broadcast.

I understand that my representation will be used for promotional, advertising, and informational purposes pertaining to [Specify Event/Project].

I hereby release [Media Organization/Company Name] from any claims or liabilities that may arise from the use of my representation as described above.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]