

MODEL RELEASE FORM

I hereby grant permission to the reporter, photographer, film crew or others named below to take recorded statements, photographs or film of myself and/or the person for whom I am granting permission. I understand that these recorded statements, photographs or film may be used by Rich Brimer and/or ACTION Foundation for a documentary with the working title of "Without Shelter," or any other medium of communication (including newspapers, magazines, television, radio, pamphlets, brochures, reports, etc.), without any liability on the part of Rich Brimer or the ACTION Foundation, and/or employees. I understand that the interviewing and photographing/filming are being carried out with my permission and consent and I assume full responsibility for the release of information about myself.

Name of person interviewed, photographed or filmed

Address (include city, state, and zip code)

Signature, Area code and phone number

Names of reporters, photographers or others

Signature of witness Date Signed