**Top of the Pods Release Form**

I grant to the Greater Christchurch Schools’ Network, Christchurch City Council and Plains FM as well as to their licences and assignees the full right and permission to use and publish my audio recordings and/or video and/or photographic images of me in whole or in part in any form of media or for any other lawful purpose in relation to any promotion or communication relating to Top of the Pods, the Greater Christchurch Schools’ Network, Christchurch City Council and Plains FM or their activities. I release the Greater Christchurch Schools’ Network, Christchurch City Council and Plains FM from any liability in connection with the recording(s) or image(s).

I understand and agree that audio recordings and/or photographic images of me which are submitted as part of Top of the Pods may be stored in publicly accessible databases on the Greater Christchurch Schools’ Network, Christchurch City Council and Plains FM websites, Spotify and Apple Podcasts.

I understand and agree that audio recordings and/or video and/or photographic images of me may be cropped, altered, transformed or reproduced by Greater Christchurch Schools’ Network, Christchurch City Council, and Plains FM in any way and may also be combined with other works or text.

I waive any right that I may have to inspect or approve any product or copy prior to its use.

I am legally entitled to authorise this use and have read and fully understand the above authorisation. This release shall be binding upon me.

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| **Name**  |  |
| **Date**  |  |
| **City & postcode**  |  |
| **Email address**  |  |
| **Phone number**  |  |

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| **If the model is under 18 years**  |
| **I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the parent/ guardian of the individual named above.** **I have read this release form and understand and agree to its terms.**  |
| **Print name**  |  |
| **Signature**  |  |
| **Date**  |  |