

KENTUCKY DEPARTMENT OF CORRECTIONS

RELEASE FORM

I, the undersigned, consent to be photographed or interviewed by \_\_\_\_\_ for the exclusive purpose of \_\_\_\_\_

\_\_\_\_\_ I further understand the interview may be filmed or recorded, and both may be used either in whole or part related to the purpose set out above. I waive any rights that I may have to inspect or approve the finished product prior to its use or publication in connection with the stated purpose, including the right to collect any type of compensation.

I release, discharge, and agree to hold harmless the Kentucky Department of Corrections and its employees and agents from any and all claims, demands, or causes of action that I may have, including any claims based on the right of privacy, the right of publicity, copyright, libel, slander, defamation, or any other right or claim based on the interview or use of the resulting material.

I understand and acknowledge that I take full responsibility for my involvement in this interview and the risks that it may entail, whether legal, physical, or mental, and release the Department of Corrections and its employees and agents from any claims, demands, losses, damages, suits, and liabilities of any kind whatsoever in connection with the foregoing.

By signing this form, I acknowledge that I am over eighteen years old, am competent to contract in my own name concerning the contents of this release, have completely read and fully understand the release form, and agree to be bound by it. My consent is given freely and voluntarily and without promises, threats, coercion, or duress.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Institution / Facility: \_\_\_\_\_

Witnessed by \_\_\_\_\_

Title \_\_\_\_\_

(A staff member of the Kentucky Department of Corrections shall witness all releases.)

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MEDIA RELEASE FORM

The undersigned news media representative acknowledges that the he or she has received from the Department of Corrections a copy of CPP 1.2 that outlines the policies and procedures pertaining to admittance to any Department of Corrections facility or any facility holding state inmates. The undersigned further acknowledges that he or she has read and is familiar with the rules and regulations and agrees to abide by them. Failure by a news media representative to comply with the rules of this policy may result in his or her immediate removal from the facility and constitutes grounds for denying the representative or his or her agency permission to conduct the interview and attend future media events within a Department of Corrections facility.

The undersigned agrees to release, discharge, and hold harmless the Kentucky Department of Corrections and its employees and agents, from any and all claims, demands, or causes of action that may arise, including any claims based on the right of privacy, the right of publicity, copyright, libel, slander, defamation, or any other right or claim based on the interview or undersigned's use of the resulting material.

The undersigned understands and acknowledges that he or she takes full responsibility for the undersigned's involvement in the interview and the risks that it may entail (legal, physical, or mental) and releases the Department of Corrections and its employees and agents from any claims, demands, losses, damages, suits, and liabilities of any kind whatsoever in connection with the foregoing.

This release is given by the undersigned, freely and voluntarily, without promises, threats, coercion or duress.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Media Outlet: \_\_\_\_\_

Institution / Facility Visited: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Title \_\_\_\_\_

(A staff member of the Kentucky Department of Corrections shall witness all releases.)