



Bridges to Cultural Understanding Release Form  
For Permission to Record the Program

Name.....

Address.....

Phone.....

Email.....

Program Title: \_\_\_\_\_

Program Date: \_\_\_\_\_

(Please check below if you are in agreement that we have permission to do the following)

**Recording Release: I hereby grant permission for Bridges to Cultural Understanding to record the program (audio and video) for the following purposes;**

\_\_\_ Creating a lending library to be housed at Willard Library where community members will have access to the content of the program.

\_\_\_ Use of the recording in whole or in part on the Bridges to Cultural Understanding's website for educational purposes.

\_\_\_ I request an unedited copy of the program recording, and agree to a \$4.00 fee.

\_\_\_ (Restrictions – Please specify.)

\_\_\_\_\_  
\_\_\_\_\_

Authorizing Signature: \_\_\_\_\_