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### Appearance Consent Form

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

Program: Documentary on same sex marriage

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

Location \_\_\_\_\_

I have participated as indicated on the above television program (“the Program”). In consideration of my appearance on the Program, and without any further consideration from you, I hereby grant permission to you to utilize my appearance in connection with the program in any and all manner and media throughout the world in perpetuity.

I agree that my participation in the Program may be edited at your sole discretion. I consent to the use of my name, likeness, voice and biographical material about me in connection with Program publicity and related institutional promotional purposes. I expressly release you, your agents, employees, licensees and assigns from and against any and all claims which I have or may have for invasion of privacy, defamation or any other cause of action arising out of production, distribution, broadcast, or exhibition of the Program.

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

Address: \_\_\_\_\_

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

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

Witness \_\_\_\_\_

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