



*Media*  
**ENTRY ACCESS**

Applicant Name	
Phone Number	
Email Address	
Media Outlet	
Website	

June 30, 2015

Mr. John Smith  
Con Struction Contractors, Inc.  
4444 44th Street  
Oz, GA 99994

Dear Mr. Smith:

With this letter, I'm delighted to confirm that you are hereby notified that **BRICKTWOENTY TWO PRODUCTIONS, INC.** intends give you access to **BrickFest Charity Concert**. Please fill out the attached forms and email it to [brickfest2021@gmail.com](mailto:brickfest2021@gmail.com). You have up until (4) weeks before the concert to submit this information.

Sincerely,

Shamirah Ross-Gowdy, *Founder & CEO*

# GENERAL MEDIA RELEASE FORM

Production Title \_\_\_\_\_

Production Date \_\_\_ / \_\_\_ / \_\_\_

1) I, the undersigned, hereby authorize **BRICKTWENTYTWO PRODUCTIONS, INC.** to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).

2) I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate. (I understand that I may be identifiable from such photographic or electronic reproduction)

**AGREED AND ACCEPTED BY:**

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Signature & Date \_\_\_\_\_

I am signing this form as an individual Yes No

I am signing this form as a representative of a group, and have full authority to grant release for this group Yes No

Name of group \_\_\_\_\_

Media Outlet		
How many passes do you need? (Max. 5)		
Which days are you covering?		
	<b>FIRST, MI AND LAST NAME</b>	<b>STATE ID'S NUMBER</b>
List the First, Middle Initial and Last Name of each attendee and their State ID's number.		

# MEDIA ENTRY AGREEMENT

Name of media representative(s):

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Name of media organization: \_\_\_\_\_

Purpose of access:

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The above-named representative(s) has been authorized to: (Check all that apply.)

Interview.       Voice Record.       Photograph.       Video Record.

Information gathered by the media will be published / broadcast on (if known): \_\_\_\_\_ by the following means (if known): \_\_\_\_\_.

Access is granted by **BRICKTWENTYTWO PRODUCTIONS, INC.** subject to the following conditions:

- ❖ This agreement to access may be rescinded by **BRICKTWENTYTWO PRODUCTIONS, INC.** at any time;
- ❖ The individual being interviewed may terminate access at any time;
- ❖ **BRICKTWENTYTWO PRODUCTIONS, INC.** or their security may accompany you for the duration of your access;
- ❖ **BRICKTWENTYTWO PRODUCTIONS, INC.** may terminate access at any time if the news media representative exhibits behavior which is: inappropriate (including inappropriate physical contact); involves criminal activity; involves a violation of the institution rules; or involves a risk to the safety of persons, security, or orderly management of the institution or for any other reason.
- ❖ The interview / voice recording / photographing / video recording secured during this access shall be used only for the purpose(s) noted above, provided any broadcast noted above may be repeated or any publication noted above may be reprinted as is customary for the media.

Approved on behalf of **BRICKTWENTYTWO PRODUCTIONS, INC.** by:

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

Job Title: \_\_\_\_\_ Date: \_\_\_\_\_

*On behalf of myself and the news media I am representing, I agree to the above conditions:*

Representative Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Representative Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Representative Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Representative Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Representative Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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