

Podcast Interview Waiver and Release

Podcast Title: Her Name Is
Website: Hernameis.me
Interview Date:
Participant Information Athlete Name:
Email:Phone Number:
High School: Class of:
Phone Number: Class of: Sport: Position:
1. Purpose of Waiver This waiver and release form is intended to protect Her Name Is and its producers from any claims or liabilities arising from the participation of the undersigned in the podcast interview.
2. Voluntary Participation I understand that my participation in the podcast is entirely voluntary. I have the right to decline participation, and I may withdraw my consent at any time prior to the release of the recording.
3. Consent to Record I consent to the recording of my voice, image, and likeness during the podcast interview. I acknowledge that this recording may be used for various purposes, including but not limited to online streaming, social media, promotional materials, and educational purposes.
4. Release of Rights I hereby grant Her Name Is the irrevocable right to use, reproduce, modify, and distribute the recorded content in any manner and for any purpose deemed appropriate, without compensation to me.
5. No Compensation I understand that I will not receive any financial or other form of compensation for my participation or for the use of my interview content.
6. Editing and Approval I acknowledge that the final content may be edited for clarity, length, or appropriateness. I waive any rights I may have to review or approve the final version of the recording before its release.
7. Liability Release I release and hold harmless Her Name Is its producers, affiliates, and agents from any and all claims, demands, or causes of action that may arise from my participation in the podcast, including but not limited to claims for defamation, invasion of privacy, or misappropriation of likeness.
8. Age Requirement I confirm that I am at least 18 years of age. If I am under 18, I have obtained written consent from a parent or guardian, whose information is provided below:
Parent/Guardian Name: Parent/Guardian Signature: Date:

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This waiver shall be governed by and construed in accordance with the laws of Texas, United States of America.

By signing below, I acknowledge that I have read and understood this waiver and agree to its terms.

Athlete's Signature:		
Print Name:		
Date:		