

ACTOR'S RELEASE AGREEMENT FOR CRIME STOPPERS

DATE: _____

NAME: _____ PHONE: _____

ADDRESS: _____

As a volunteer actor in the production of the Crime Stopper "Crime of the Week," I have prior to said date assumed and hereby do assume all risks of injury to my person arising out of or in any way incident to mentioned Crime of the Week production; that my role in the production of the Crime of the Week has been described and explained to me and I understand clearly what I will be called upon to do, and with this knowledge I assume whatever risk such production may entail to or accrue to my person; and that I, the undersigned, for the abovementioned consideration have covenanted and hereby do covenant never to sue or bring any legal or equitable action in any court whatsoever against Crime Stoppers or any person working for or with Crime Stoppers, any governmental unit, or any officer or employee of any governmental unit for any such injury.

Executed this _____ day of _____, 19____.

SIGNATURE

WITNESSES:

AUTHORIZATION TO USE PRIVATE PROPERTY IN THE FILMING OF THE
CRIME STOPPERS CRIME OF THE WEEK

PROPERTY

CRIME OF THE WEEK

I, _____, owner of the above described property,
residing at _____, hereby
authorize Crime Stoppers the use of the above described property in the filming of the
Crime of the Week. I hereby release to Crime Stoppers, and participating news media full
permission to use films, slides, sound tracks, photographic prints, or other reproductions
from all negatives or master records involving the above described property.

DATED: _____

SIGNATURE

WITNESS

WITNESS

Original: Crime Stoppers File
cc: Property Onwer

AUTHORIZATION TO RELEASE CRIMINAL CASE INFORMATION TO CRIME STOPPERS
PROGRAM

OFFENSE

DATE OF OFFENSE

CASE NUMBER

NAME OF VICTIM

I, _____, () victim, () witness, () business manager,
() property owner, () parent, () guardian; residing at _____
business location _____

hereby authorize any and all law enforcement agencies to release information about the
above referenced criminal case to the news media. I release this information with the
understanding that it will be used for the purpose of furthering the investigative effort.

DATE: _____

SIGNATURE

WITNESS

WITNESS

Original: Crime Stoppers File
cc: Complainant
cc: Case File

GENERAL RELEASE GIVEN BY CRIME STOPPERS' PARTICIPANT

THE STATE OF _____X

COUNTY OF _____X

KNOW ALL MEN BY THESE PRESENTS:

THAT I, _____

of _____,
for and in consideration of the benefits to be derived by me from my participation in the Crime Stoppers program, and other good and valuable considerations, do hereby authorize Crime Stoppers, any and all participating news media, any and all participating law enforcement agencies and their respective agents, employees, and assignees to use my name, picture, voice, personal expressions for the purpose of producing public service Crime Stoppers programs to be broadcast and published. Any such photographs, film, or audio/video tapes produced in connection therewith may be edited without restriction to provide satisfactory material, which becomes the joint property of the Grantees of this Release for unlimited broadcast use and publication for an unlimited period of time.

I, furthermore, authorize the said grantees and their assignees the right to record audio-video tape and take photographs on, of, and in my home or business if such place was the scene of an unsolved crime which is the subject of the Crime Stoppers program. Such productions, my name and the name of my establishment, and the names of my employees (if applicable), may be used in the said program, but will in no way constitute a commercial endorsement either of me or my business, nor an endorsement by me or my business of the Grantees or their assignees who broadcast or publish such productions.

SIGNED this, the _____ day of _____, 198__.

GRANTOR

ADDRESS

BUSINESS NAME (If Applicable)

WITNESS

WITNESS