



**Video Release Form**

Individual name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

I grant the National Court Reporters Association (NCRA) and its representatives and employees the right to use the video of me, provided on [insert date]. I authorize NCRA and its assigns and transferees to copyright, use, and publish the same electronically.

I agree that NCRA may use such videos of me with or without my name and for any lawful purpose, including for example such purposes as publicity, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Date \_\_\_\_\_