

Wisconsin Motor Carriers Association (WMCA)

Video Testimonial Release & Consent Agreement

Participant Name:

Company/Affiliation:

Title/Role:

Email/Phone:

1. Grant of Permission

I hereby grant the Wisconsin Motor Carriers Association (WMCA) permission to record, film, photograph, and/or capture my likeness, voice, statements, and appearance (collectively, the "Content") for use in testimonial videos and related promotional materials. I authorize WMCA to use, edit, reproduce, distribute, and publicly display the Content in any format or media.

2. Personal Opinions Disclaimer

I understand that any statements expressed are solely my own and do not represent the views of my employer or affiliated organization.

3. Non-Political Use

WMCA will not use the Content to promote political affiliations or agendas.

4. Brand and Logo Acknowledgment

Any company branding will be incidental and minimal. My name, title, and company may be used unless otherwise requested.

5. Identification

I understand WMCA may identify me by name, title, and company.

6. Editing and Use

WMCA has full creative discretion. No compensation will be provided.

7. Release of Claims

I release WMCA from any claims arising from use of the Content.

8. Duration of Consent

This release is granted in perpetuity unless revoked in writing.

Signature:

Printed Name:

Date:

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