

#3

Attachment #1

LOCATION AGREEMENT FORM

I, _____, am aware and agree that upon my entrance to the grounds of _____, I have been authorized by the Unit Head to interview, photograph, and/or audio or video record specific material as follows:

I understand that inmates and visitors have the right not to be interviewed, photographed, and/or audio or video recorded. A release must be signed by inmates and visitors who agree to be interviewed, photographed, and/or audio or video recorded.

I also understand that I am not authorized to interview, photograph and/or audio or video record outside the above stated parameters for security reasons.

Name:

Signature

Print

Affiliation: _____

Witnessed on this _____ day of _____, 19____, at _____, LA by:

Witness

Title

#3
Attachment #2

INMATE MEDIA RELEASE FORM

I, _____, an inmate confined at _____
_____, hereby voluntarily agree to be interviewed, photographed,
and/or audio or video recorded by _____.

I also voluntarily agree to have the interview, photograph, and/or audio or video recording
broadcast or published by _____.

I do this of my own free will without coercion, threats of punishment or promise of reward
from the Louisiana Department of Public Safety and Corrections and _____,
their agents and employees. I hereby relieve and release the Louisiana Department of Public
Safety and Corrections and _____, their agents and employees, of any
responsibility and/or liability which may occur directly or indirectly as a result of my participation
in, and the subsequent publication and/or broadcast of the interview, photograph, and/or audio or
video recording.

INMATE NAME & NUMBER

Witnessed on this _____ day of _____, 19____, at _____, LA by:

Witness

Title

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Attachment #3

VISITOR MEDIA RELEASE FORM

I, _____, a visitor at _____,
hereby voluntarily agree to be interviewed, photographed, and/or audio or video recorded by
members of _____. I also voluntarily agree to
have the interview, photograph, and/or audio or video recording broadcast or published by
_____.

I do this of my own free will without coercion, threats of punishment or promise of reward
from the Louisiana Department of Public Safety and Corrections and _____,
their agents and employees. I hereby relieve and release the Louisiana Department of Public
Safety and Corrections and _____, their agents and employees,
of any responsibility and/or liability which may occur directly or indirectly as a result of my
participation in, and the subsequent publication and/or broadcast of the interview, photograph,
and/or audio or video recording.

VISITOR'S SIGNATURE

Witnessed on this _____ day of _____, 19____, at _____, LA by:

Witness

Title