

Talent Release Form - 2017 Shirley Hord Teacher Learning Team Award

Name: _____

School: _____

I hereby consent for value received and without further consideration or compensation to the use (full or in part) of all videos taken of me and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings or musical performance for the purposes of illustration, broadcast, or distribution in any manner.

at _____
(Recording Location)

on _____
(Date)

by _____
(Producer)

for _____
(Producing Organization)

Talent's
signature _____

Address _____

City _____ State _____ Zip code _____

Date: ____ / ____ / ____

If the subject is a minor under the laws of the state where modeling, acting, or performing is done:

Legal guardian

_____ (sign/print name)

Address _____

City _____ State _____ Zip Code _____

Date: ____ / ____ / ____