

Talent Release Form

Important Notice: Any person who is NOT an eligible team member MUST complete a talent release form (i.e., police officer, nurse, paramedic, someone giving a personal testimony, an extra, etc.) *Photocopy as needed.*

I, _____ (name of person in recording), hereby assign rights to the video recording and sound recording made of me on _____, by _____, hereafter "videographer," to the videographer, and to his/her agents, principals, representatives and assigns (hereafter "others"). I also give consent to the videographer and others to use this recording and my image or voice for any reproduction, copyright, exhibition, broadcast, and/or distribution in whole or in part, without limitation or compensation, for the purpose of promoting teen health.

Special requests (check one option): My name....MAY _____ MAY NOT _____...be used with this recording.

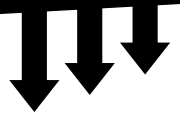
I certify that I am over 18 years of age _____

OR

Participant Signature _____ Date _____

I am under 18 years of age _____

Parent/Guardian Signature _____ Date _____



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Participant Signature _____ Date _____

I am under 18 years of age _____

Parent/Guardian Signature _____ Date _____