

**Talent Release Form - 2019 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_