

Talent Release Form

This form grants permission for a person to appear in the production as specified below. Types of productions may include a student, faculty or staff-produced video project, or other as described below.

I authorize the undersigned Producer to make use of my likeness, appearance, and/or voice in:

Program Title

Producer's Name

Producer's Email

Producer's Phone Number

Production Date(s)

I understand that participation in this project is voluntary and that I may at any time discontinue my involvement; however, I understand that I cannot revoke the authorization I have provided with respect to any works produced prior to my withdrawal. I also understand that my participation or non-participation will in no way jeopardize my relationship with St. Olaf College.

I understand that I am to receive no compensation for this appearance, and I shall have no ownership or other interest in any works produced.

I authorize the Producer to do any or all of the following:

Photograph me and record my voice and likeness for the purpose of the production mentioned above, whether by film, videotape, magnetic tape, digitally or otherwise;

Make copies of the photographs, recordings or other works so made;

Use my name and likeness for the purposes of education, promotion or advertising of the sale or trading in the photographs, recordings and any copies so made.

I further understand the master copy remains the property of the Producer and that there will be no restrictions on the number of times that my name and likeness may be used.

Signature

I acknowledge that I have read this Agreement and give permission to use my likeness, appearance, and/or voice in the manner described above. I also agree that the permission I am providing here shall be in addition to, and shall not modify in any way, any other permission I have provided to the St. Olaf in any other agreement(s).

Name

First

Last

Date

Email

Address

Street Address

Address Line 2

City

State / Province / Region

ZIP / Postal Code

Country

Talent Signature

(Parent or Guardian if under 18 years of age)

Send Copy To

Enter the email of a faculty or staff person who should receive notification of this release form (optional).