



Talent Release Form

I, _____, hereby give my permission to Union Public Schools to videotape, photograph, make a voice recording or motion picture of me or of my minor child, _____, to be used in connection with an educational television program or subsequent visual or audio presentation.

I understand and agree that this will become the exclusive property of Union Public Schools, and that I am to receive no compensation or remuneration for my participation or that of my child.

Signed _____
(Subject, Parent, Guardian)

Date _____