

Actor Release Form

This form must be completed by EACH identifiable* person appearing in your "My Co-op Rocks" video submission to Rio Grande Electric Cooperative's student video contest.



Name of student submitting video entry in contest: _____

Actor's Name: _____ age: _____

I give my consent for my image and or voice/my child's image and or voice to appear in an original video that is being created and will be submitted to Rio Grande Electric Cooperative's Student Video Contest.

I understand that this video is being submitted as part of the Rio Grande Electric Cooperative, Inc. (RGEN) student video contest. I grant full permission and authority to RGEN and anyone authorized by the organization, to use, publish, and display my or my child's image and/or voice contained in the video. In addition to judging by RGEN's directors and/or designee(s), possible uses include posting on the Cooperative's Facebook and web pages, viewing at annual meetings, etc. I recognize that there is no form of compensation now or at any time in the future.

By signing this form, I certify that I am legally authorized to grant the permissions and waivers stated.

*Contest entrant: *If you have questions regarding which actors are "identifiable," please contact us at 800-749-1509, ext. 1106*

Actor's Signature: _____

Date: _____

Actor's Parent/Guardian Signature (if actor is under 18): _____

Date: _____ Actor's Date of Birth: _____

