

Talent Release Form for the Uncanoonuc Film Festival

I hereby consent without further consideration or compensation to the use (full or in part) by **The Goffstown School District** of all videotapes, recordings, photographs or images taken of me and/or recordings made of my voice and/or written extraction, in whole or in part, as part of the **Uncanoonuc Film Festival** and related projects. Such use may include the broadcast, podcast or distribution in any manner of such recordings or performances for any purpose decided on by the Goffstown School District/Uncanoonuc Film Festival committee.

Date: _____

Talent Name: _____ Signature: _____

Address: _____ City: _____

State: _____ Zip: _____

I represent that I am the [parent/guardian] of the above named minor. I hereby consent to the foregoing on his/her behalf.

Date: _____

Parent/Guardian Name: _____ Signature: _____

Address: _____ City: _____

State: _____ Zip: _____