

My Mental Health Matters I Keep Positive With...

Video Contest Talent Release Form

I, _____ (print name), hereby consent to the photographing of myself and the recording of my voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.

I further consent to the reproduction and use of said photographs and recordings of my voice.

I hereby release the Family Service Association (FSA), Prevent Child Abuse of Howard County, any associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

Talent Signature: _____

Date: _____

Complete this section if talent is less than 18 years of age:

I, _____, am the parent/legal guardian of the individual named above and I have read this release and approve of its terms.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

Title of video associated with above: _____

All Talent Release Forms must be submitted with Entry Form and Video DVD

Additional copies of entry forms are available at:

<http://fsahc.org/programs/prevent+child+abuse+howard+county/5#contest>