



Instructional Resources & Technology

<input type="checkbox"/> Instructional Development Services	<input type="checkbox"/> Video Support Services
<input type="checkbox"/> Contract Services	<input type="checkbox"/> Other: _____
Dept. Contact: _____	Phone: _____
Address: _____	Fax: _____
_____	E-Mail: _____

TALENT / PARTICIPANT RELEASE FORM

I, _____, understand that a video recording in which I appear or am heard, either alone or in conjunction with others, may be used by the Austin Community College District ("ACCD") in a film, television program, in print, in web streaming video and/or other electronic media for instructional, educational, informational, promotional, or other purposes. I hereby consent to such use of this video recording, created on the date: _____ at the following location:

_____. In consideration of the use of my likeness or voice in a video recording, film, broadcast, cablecast, and/or web cast television program, and/or other electronic media, and for other good and valuable consideration, the receipt of which is acknowledged, I and my agents, representatives, successors and assigns hereby release and forever discharge ACCD, its agents, representatives, employees, students, administrators, successors and assigns from any and all claims, demands, damages, actions, causes of action, suits in equity, and liabilities of any kind whatsoever, known or unknown, directly or indirectly attributable to the use of the video recording in which I appear or am heard. I understand and agree that any videotape, film, television program, printed material, and/or other electronic media in which I appear or am heard that is created or produced by ACCD or its representatives, employees or students shall be and remain the sole property of ACCD.

Signature

Date

Printed name

If the person signing is under 18 years of age, the release form should also be signed by a parent or guardian, as follows:

I hereby certify and represent that I am the parent or guardian of _____, the participant named above, and I consent and agree to the foregoing release on behalf of _____.

Signature

Date

Printed Name