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