**S.H.S. STUDENT TALENT RELEASE FORM**

I hereby give S.H.S. permission to videotape the program/performances given by my child while participating in Video Production

Classes.

I, also, give permission for this program/performance to be cablecast by S.H.S. on a non-commercial basis for use on the Stoughton Educational Channel.

This permission allows S.H.S. to use the videotape(s) in its promotional and broadcast activities.

Further, permission is given for this videotape(s) to be shown on other cable television systems on a non-commercial basis without further clearance from me.

Signature of individual or authorized representative of event, group, or organization videotaped:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Title of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If under 18 years of age, your parent/guardian must sign here to indicate their approval and knowledge of your actions.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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