

TALENT RELEASE FORM

I (parent)_____ hereby grant my permission to release my child's
(student)_____ image, likeness and the sound of their voice, as
recorded for use in a video presentation. I agree that the footage may be edited and used, in
whole or in part, in all media including but not limited to, audio and videocassettes, CD-
ROM, DVD, Internet, television, radio, and cable broadcast, and for all other purposes in
perpetuity throughout the world. I consent to the use of my child's name, likeness, voice
with the distribution and promotion of the video presentation. It is understood between both
parties that there will be no compensation. It is further understood that my child may play a
fictitious character and the video may include dramatizations.

I expressly release The University of Missouri St. Louis, and/or Jennings School Dist.
from any defamation and other claims I may have arising out of the above-described
materials and hereby waive all rights to inspect and approve the finished product or its use.

I acknowledge this release is firm and final and I sign this document to signify my
agreement.

Student's Name:

Student's Signature:

Parent/Guardian Signature (if under 18):