Project Title: _____________________________________________________________

Date of recording: __________________________ Location: _______________________

TALENT RELEASE FORM

I, the undersigned, do hereby give consent to the Santa Clara County Office of Education—or other education-related groups for the purpose of publicizing Office of Education programs, developing educational materials, or reporting on events of community interest—to use my name, voice, and likeness, including but not limited to any and all photographs, videotapes, audio tapes, and/or other audio-visual materials taken of me by or on behalf of the Santa Clara County Office of Education, for any and all purposes, including private videotape and public broadcast. I fully relinquish right or interest in any film, tape, classwork or photograph which may be used for any legitimate purpose.

Name (please print): _________________________________________________________

School/Organization Name: _______________________________________________

Signature: __________________________________________ Date: ________________

NOTE: If under 18 years of age, a parent or legal guardian must sign below.

Parent/Guardian Name (Please print): _______________________________________

Parent/Guardian Signature: __________________________________ Date: __________