

**Program Name**

Release for videotaping and photography.

I and the parent or guardian of \_\_\_\_\_(minor child) and do hereby authorize, the producer, **Program Name**, to photograph, video tape, film, or audio record her/his likeness or voice, and do grant the producer and parties designated by the producer the irrevocable right to use her/his name, and/or audio and video image for such purposes and in any manner as deemed necessary. I have read this release and understand and agree to its terms.

Signature\_\_\_\_\_Date\_\_\_\_\_

Parent/guardian name\_\_\_\_\_

Address\_\_\_\_\_

City/State/Zip\_\_\_\_\_

Telephone\_\_\_\_\_