

Image/Voice Release for Minors (17 years and younger)

To:	Production Members:		
		_	
	Advisor		
	School		
Those	e named above have taken, or plan to take, di	gital pictures, movies, photographs, ar	ıd/or audio
record	dings of my child on or about (date)	, 1)	hereby expressly
grant	to the production members mentioned above	and to their employees, agents and as	signs, the right to
photog	graph my child and use his/her picture, silhou	ette or other reproduction of physical li	keness or voice
in, and	d in connection with, the Slick Rock Student F	Film Festival, theatrically, on television	or in any motion
picture	e(s). I also grant the right for any of these aud	dio or video likenesses of my child to b	e used
in the	advertising, exploiting and/or publicizing of ar	ny motion picture, but not limited to tele	evision or
theatr	ical motion pictures. I understand that the pro	oductions being created may appear in	theaters, on
televis	sion, and/or on the internet.		
Name o	of Minor (print)		
I here	by certify that I am the parent or guardian of t	he minor named above. I hereby cons	ent to the
forego	oing on his/her behalf.		
Print Na	ame	Signature	
Date			