

El Paso County Community College District TALENT RELEASE FORM

Project:	Production No.	
Date:	City of El Paso	State of Texas

For and in consideration of the El Paso County Community College District (the College) providing facilities and equipment during my appearance at a College production or event, and for and in consideration of the College authorizing my participation at such production or event, I do hereby consent to the use of all forms of media including audio, video and photographs by the College to copyright, use, publish and distribute in any lawful manner. I do further consent to the use of my voice and/or picture by any nominee of the College including any publisher, agency or client, and such may be used for any and all purposes without any limitations or reservations.

I declare that I am MORE than eighteen (18) years of age:

I declare that I am NOT more than eighteen (18) years of age:

Signature:

Witness Signature:

Print Full Name:

Print Full Name:

Address:

Address:

Zip Code:

Zip Code:

Guardian's Consent

(To be completed if above-named person is eighteen (18) years of age or younger)

The undersigned represents and warrants that he or she is the parent and/or lawful guardian of the minor named above and represents and warrants that he or she has the legal authority to execute the forgoing consent and release and hereby approves the foregoing and waives any right in the premises.

Guardian Signature:

Witness Signature:

Print Full Name:

Print Full Name:

Address:

Address:

Zip Code:

Zip Code: