

TEEN VIDEOFEST 2020

Talent Release Form

Important Notice: Any and all person(s) that is seen in the video **MUST** complete a talent release form (i.e., main character, police officer, nurse, paramedic, someone giving a personal testimony, an extra, etc.). *Print as many as needed.*

I, _____ (name of person being used in the video), hereby assign rights to the videotape and sound recording made of me on _____ (date), by, _____ (name of person recording the video), hereafter "videographer," to the videographer, and his/her agents, principals, representatives and assigns (hereafter "others".) I also give consent to videographer and others to use this recording and my image or voice for any reproduction, copyright, exhibition, broadcast and/or distribution in whole or in part, without limitation or compensation, for the purpose of promoting teen health.

Special Request (check one option):

I, _____ (name of person being used in the video),

APPROVE

DO NOT APPROVE

of my name to be used in association with this recording.

I certify that I am over 18 years old.

Signature (required)

Date

OR

If under age 18, please have parent/legal guardian sign below.

Print Parent/Legal Guardian Signature (required)

Date



Tarrant County Public Health

Accountability. Quality. Innovation.



A healthier community through leadership in health strategy



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