

2010 Youth Suicide Prevention



PSA Video Contest Photo Release Form



MINOR PHOTOGRAPHIC RELEASE

All minors appearing in the video must sign the following release form before the video may be broadcast. Minors must have a parent or guardian sign the consent/release form. One form must be completed for each minor appearing in the video.

I hereby authorize _____ (name of high school or students) to use my child's image and/or audio recording in his/her video for the project titled, "Life-Explore the Possibilities" Youth Suicide Prevention PSA Video Contest, in the presentation. I understand that by signing this form, I am releasing all recordings to the school/students for this expressed purpose. Neither my child nor I will receive any compensation for this now or at any time in the future. In addition, I authorize the reproduction, copyright, exhibition, broadcast and/or distribution of said video without limitations. I further certify that I am over the age of 18 years.

Child's Name (Print): _____

Parent/Guardian Name: (Print) _____

Parent/Guardian Signature: _____

Date: _____



Questions?
Call 1-800-448-3014 or (501) 682-1020