



**TALENT RELEASE FORM**

ADD YOUR PHOTO

For valuable consideration, I do hereby authorize The University of Texas at Dallas, and those acting pursuant to its authority to:

- a) Record my participation and appearance on videotape, audiotape, film, photograph or any other medium.
- b) Use my name, likeness, voice and biographical material in connection with those recordings.
- c) Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose, which The University of Texas at Dallas, and those acting pursuant to its authority, deem appropriate.
- d) Exhibit or distribute any written documentation in whole or in part without restrictions or limitation for any educational or promotional purpose, which The University of Texas at Dallas, and those acting pursuant to its authority, deem appropriate.

This release shall remain in effect unless revoked in writing.

Name: \_\_\_\_\_  
PRINT

Address: \_\_\_\_\_  
STREET

\_\_\_\_\_ CITY STATE ZIP

Phone: \_\_\_\_\_  
PREFERRED OTHER

Email: \_\_\_\_\_  
PREFERRED OTHER

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
(if under 18)

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under 18)

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_