



## TALENT RELEASE FORM

I, the undersigned, hereby enter into this Agreement with Brown's Town Community College (BTCC).

I understand that BTCC is producing/publishing content for its advertising, promotional or marketing purposes and that my name, image, voice, appearance and/or performance is being made part of such productions/publications.

1. I therefore grant permission to BTCC and its designees the right to:
  - a. use my name, image, voice, appearance, and performance as embodied in the product whether recorded on or transferred to video files, film, slides, photographs, audio tapes, social media or other media, now known or later developed. This grant includes without limitation the right to edit, mix or duplicate and to use or re-use the product in whole or part as BTCC may elect.
  - b. broadcast, exhibit, market or sell the product either in whole or in parts for any purpose that BTCC or its designees in their sole discretion may determine.
2. I confirm that I have the right to enter into this Agreement, and that BTCC has no financial commitment or obligations to me as a result of this Agreement. I hereby give all clearances, copyright and otherwise, for use of my name, image, voice, appearance and performance embodied in the product. I expressly release and indemnify BTCC and its and designees from any and all claims known and unknown arising out of or in any way connected with the above granted uses and representations. The rights granted BTCC herein are perpetual and worldwide.
3. In consideration of all the above, I hereby acknowledge receipt of reasonable and fair consideration from the BTCC.

I have read the foregoing and understand its terms and stipulations and agree to all of them:

Talent Name (Please Print) \_\_\_\_\_

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

(If the person signing is under age 18, a parent or legal guardian must sign below.)

I hereby certify that I am the parent or legal guardian of the talent named above and I give my consent without reservation to the foregoing on behalf of him or her.

Name of Parent or Guardian \_\_\_\_\_

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