



Image/Voice Release for Minors

(17 years and younger)

Film Name: _____

Production Members:

_____	_____
_____	_____
_____	_____
_____	_____

Advisor _____ School _____

Those named above have taken, or plan to take, digital pictures, movies, photographs, and/or audio recordings of my child on or about (date) _____. I, _____ (Name of Parent/Guardian) hereby expressly grant to the production members mentioned above and to their employees, agents and assigns, the right to photograph my child and use his/her picture, silhouette or other reproduction of physical likeness or voice in, and in connection with, the Slick Rock Student Film Festival, theatrically, on television or in any motion picture(s). I also grant the right for any of these audio or video likenesses of my child to be used in the advertising, exploiting and/or publicizing of any motion picture, but not limited to television or theatrical motion pictures. I understand that the productions being created may appear in theaters, on television, and/or on the internet.

Name of Minor

I hereby certify that I am the parent or guardian of the minor named above. I hereby consent to the foregoing on his/her behalf.

Print Name (PARENT/GUARDIAN)

Signature

Date