

### Talent Release Form

I do hereby authorize Walters State Community College, and those acting under its authority to:

- a. Record my participation and appearance on videotape, audiotape, film, photography or any other medium.
- b. Use my name, likeness, voice, and biographical material in connection with these recordings.
- c. Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose which Walters State Community College and those acting under its authority, deem appropriate.

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

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

Phone Number: \_\_\_\_\_

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

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

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

Date/Place Picture was Taken \_\_\_\_\_

01/15; 05/16