

# Audio / Video Media Release Form

I give permission for the video production student(s) listed below to use my face and/or voice in a school project. I understand that the video might be entered in contests, posted on the Internet, displayed on television, and otherwise shared. I expect that my full name will appear in the credits the way I've written it below.

**Student(s) creating project:**

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**Person being recorded in video and/or audio:**

Name: 

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Telephone #: 

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Email (optional): 

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Signature: 

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Parent Name (if person is under 18) 

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Parent Signature: 

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