



**Minor Release Form**

Minor's Name \_\_\_\_\_

Project Title \_\_\_\_\_

at \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Recording Location) (MM) (DD) (YY)

by \_\_\_\_\_ for \_\_\_\_\_  
(Producer) (Producing Organization)

I represent that I am the parent or legal guardian of the above named minor and give my permission for them to participate in the above listed production. I hereby consent to the non-commercial use of all produced videotapes and/or recordings, in whole or in part, for the purposes of illustration, broadcast, or distribution in any manner.

Name ( print ) \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
staff date