



TALENT RELEASE FORM

For valuable consideration, I do hereby authorize The University of Texas at Dallas, and those acting pursuant to its authority to:

- a) Record my participation and appearance on videotape, audiotape, film, photograph or any other medium.
- b) Use my name, likeness, voice and biographical material in connection with those recordings.
- c) Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose, which The University of Texas at Dallas, and those acting pursuant to its authority, deem appropriate.
- d) Exhibit or distribute any written documentation in whole or in part without restrictions or limitation for any educational or promotional purpose, which The University of Texas at Dallas, and those acting pursuant to its authority, deem appropriate.

This release shall remain in effect unless revoked in writing.

Name: _____
PRINT

Address: _____
STREET

CITY STATE ZIP

Phone: _____
PREFERRED OTHER

Email: _____
PREFERRED OTHER

Signature: _____ Date: _____

Parent/Guardian Name: _____
(if under 18)

Parent/Guardian Name: _____ Date: _____
(if under 18)

Witness Signature: _____ Date: _____