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Talent Release Form

I hereby authorize the Avalon Free Public Library, without restrictions of any kind, to use my name, biography, photographic image, written testimonial and/or voice, singly or in combination, in a video, television tape recording, photographic image, digital image, or series of such productions for use by the Avalon Free Public Library; and to be distributed and exhibited by means of print, radio or television broadcasting, the internet, or by any other means of distribution or exhibition. I further agree to allow use of my name, biography, photographic image, written testimonial and voice, singly or in combination, in promoting such distribution and exhibition. I agree that no monetary compensation is implied in or expected from this release.

Talent's Name [print]
Talent's Signature
Address
Date
If the subject is under the age of 18: I represent and warrant that I am the parent or guardian of the minor whose name appears above. I have read and approve the <i>Talent Release Form</i> , and consent to its execution by my child/ward. I hereby release the Avalon Free Public Library as set forth above from any claims and causes of action that I may have against it from my child's or ward's participation in the Avalon Free Public Library's talent program. I hereby fully and unconditionally guarantee my child's or ward's releases as set forth above.
Legal Guardian's Name [print]
Legal Guardian's Signature
Address
Date