

## TALENT RELEASE FORM

Legal Name:				Ensign College Student #
_	Surname/Family Name F	-irst Middle	e or Maiden	
Description of Recordings				
to use my nam interest, includ performances, College to copy over the Intern the world, in ar hereafter disco its authority sh biographical m	e, likeness, and/or souing copyrights, to such or other audiovisual rapids, adapt, edit, repet, and otherwise useny and all manners, aravered, that the Collegall have the right to unaterial in connection	und of my veh images, precordings (produce, distance) any and alond in any arge believes see my name with the Re	roice and a photograph (collectively play, distriple parts of the dall forms suitable. The picture, ecordings.	") absolute and unconditional permission assign to the College all rights, title, and ohs, video, audio, interviews, stories, ly called "Recordings"). I also authorize the ibute, publish, broadcast, post or stream the Recordings, forever and throughout as of media, whether now known or the College and those acting pursuant to voice, silhouette, likeness, and . Moreover, the College shall not be any of the rights granted herein.
I represent and covenant that I have the right to enter into this agreement granting the rights herein and that this grant does not violate the rights of any third party; and, I agree to hold the College harmless from any claim made by any third party arising out of my performance. I acknowledge and represent that I have read and understand the meaning of this release, that I am voluntarily participating in the activity at which the Recordings were captured, and that this release agreement is the entire agreement between me and the College and supersedes all other agreements.				
Signature		Date		
Address				
City		State	Zip	Phone Number
Parent/Guardian Signature (if under 18)				
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