



## VIDEO RELEASE FORM

I, \_\_\_\_\_, hereby give permission without restrictions to Elk Grove Unified School District and assignees to use my name, likeness, pictures and/or voice in connection with the video tentatively titled *Document Your Local History and Culture: Connecting the Past to the Future* for broadcast, duplication, distribution, direct exhibition and any subsidiary educational purposes whatsoever in perpetuity. The foregoing consent is granted with the understanding that EGUSD has the sole discretion to edit the video and/or voice recording of my appearance and interviews as they see fit for incorporation in the program, and I specifically waive any rights to compensation I may have with respect to such use of my name, likeness, pictures and/or voice.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print participant name \_\_\_\_\_  
Parent/Guardian Signature (for minors) \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_