



TALENT RELEASE FORM

PROGRAM NAME:

Dear Parents/Guardians:

Your child was a participant in a program at The Women's Museum. As part of this program, we will develop video footage and/or photographs of the participants and use their images in the Museum's publications.

This release gives us permission to videotape, photograph, or record your child's voice and print images for non-profit use.

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I hereby assign all rights and release from liability The Women's Museum: An Institute for the Future, the Marketing and Education staff for the recording, reproduction, exhibition, broadcasting, and distribution of any visual image (video or photo), biography, voice, musical and/or theatrical performance and music or written text used in such performance or exhibit display in connection with the Museum's programming

Participant's Name: _____ Date: _____

Parent or guardian name: _____

Signature: _____

Address: _____ City: _____

State: TX ZIP: _____

Home Phone: (____) _____

Alternate Phone: (____) _____ work or cell (please circle one)

Please return form(s) to: The Women's Museum – Attn: Education/Public Programs
3800 Parry Avenue
Dallas, TX 75226