

RELEASE FORM

I hereby give my permission to _____ NAME OF SCHOOL _____ to videotape, or otherwise record my name, voice, and/or person. I understand that these recordings of me will be used exclusively for non-commercial, educational purposes, which may include distribution by print or digital media and open-circuit (broadcast), closed-circuit, and/or cable television transmission within or outside of the State of Hawaii in perpetuity.

I also understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback, and that _____ NAME OF SCHOOL _____ is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

_____ NAME OF SCHOOL _____ may also use my name, likeness and/or bibliographical identification for publicizing and promoting the use of these recordings.

SIGNATURE _____ Date _____
(Parent's or Guardian's signature required, if under 18 years of age)

NAME Last _____ First _____ MI _____
(please print)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE # _____

PROJECT: