

**The Reel School – Kentucky
PSA 2008 Video Contest
F3 - Video Release**



Submit one form per each person whose image appears anywhere in the video

I understand that _____ (teacher/coordinator's name) has submitted an original video in which images of me or my child appears. In some cases, these images may be accompanied by verbal statements made by me, my child or others. I understand that this video has been submitted as part of a state contest called The Reel School – Kentucky PSA 2008 Video Contest. I grant full permission and authority to grant The Reel School, KY STLP, and the Kentucky Regional Technology Centers or anyone authorized by these organizations to use, publish, and display my or my child's image and/or statements contained in the video along with identifying information including name, school, and school district name.

I recognize that there will be no compensation in any way.

If I have supplied photographs or video clips in connection with this video project, I warrant that I am the owner of the copyright interests in these images. For any images I have provided of a minor child, I certify that I am the child's parent or legal guardian. By signing this form, I certify that I am legally authorized to grant the permissions and waivers as stated.

Name (please print) Signature Date

Guardian Name Guardian Signature Date