

# Likeness Release Form

(For Minor – 17 years or younger)

To: Production Members \_\_\_\_\_  
\_\_\_\_\_  
Faculty Advisor \_\_\_\_\_

Those named above have taken or plan to take video, digital pictures, movies, photographs, and/or audio recordings of my child on or about (date) \_\_\_\_\_. I hereby expressly grant to the aforementioned and to their employees, agents, and assigns, the right to photograph me and use my child's picture, silhouette, and other reproduction of his/her physical likeness (as the same may appear in any still camera photograph and/or motion picture film), in and in connection with the exhibition, theatrically, on television or otherwise, of any motion picture or motion pictures in which the same may be used or incorporated and also in the advertising, exploiting, and/or publicizing of any such motion picture, but not limited to television or theatrical motion pictures.

\_\_\_\_\_  
Name of Minor (print)

\_\_\_\_\_  
School

\_\_\_\_\_  
District

I hereby certify that I am the (parent) (guardian) of the minor named above. I hereby consent to the foregoing on his/her behalf.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian