

# THE UNIVERSITY OF TEXAS AT AUSTIN

## Talent Release Form

For valuable consideration, I do hereby authorize The University of Texas, and those acting pursuant to its authority to:

- a. Record my participation and appearance on videotape, audiotape, film, photograph or any other medium.
- b. Use my name, likeness, voice and biographical material in connection with these recordings.
- c. Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose which The University of Texas, and those acting pursuant to its authority, deem appropriate.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

*If under 18*  
Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_