

BROKEN ARROW PUBLIC SCHOOLS

Talent Release

I, _____, hereby give my permission to Broken Arrow Public Schools to video tape, photograph, make a voice recording, or motion picture of me, or of my minor child, _____, to be used in connection with an educational television program or subsequent visual or audio presentation.

I understand and agree that this will become the exclusive property of the Broken Arrow Public Schools, and that I am to receive no compensation or remuneration for my participation, or that of my child.

Signed _____
(Subject, Parent, Guardian)

Date _____