



Talent Release Form

For valuable consideration, I do hereby authorize Access College London, and those acting pursuant to its authority to:

1. Record my participation and appearance on video tape, audio tape, film, photograph or any other medium.
2. Use my name, likeness, voice and biographical material in connection with these recordings.
3. Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose which Access College London, and those acting pursuant to its authority, deem appropriate.

Name: _____

Address: _____

Phone No: _____

Signature: _____

Witness Signature: _____

Parent/Guardian Signature (if under 18): _____

Date: _____

Title: _____

Event: _____