CALARTS

SCHOOL OF FILM/VIDEO

Minor Release Form

I (the undersigned) do herby confirm that I have agreed to be photographed in connection with the creative work entitled______.

I herby grant to_______, his/her successors, assigns and licenses, to exhibit, advertising and exploit the above named creative work as you desire with my name, voice and likeness and any and all photography of which you may make of me. I further agree that exhibition may be by any electronic means possible known to man including, but not limited to, motion pictures, TV, internet, closed circuit TV, sound track, radio and all media now or hereafter known or devised in perpetuity throughout the universe.

I agree to hold harmless	_, and CalArts, its faculty, students,
alumni, staff, administrators and any employees and agents (a	and their successors) and any third
party from any liability, loss, claim, cost or damage of any nat	ure whatsoever which may arise
by reason of my permission to appear in above named creativ	ve work, which has been granted
by my signature and my parents signature below.	

Minor's Name (print):_____

Title of Creative Work:_____

Minor's Signature:_____

Date:	
Character Name (if any):	
I (the undersigned) do herby consent and join in the exec	ution of the foregoing release as the:
PARENTGUARDIANOTHER() of the aforementioned minor.
Adult's Name (print): Adult's Signature:	
Address of Adult and Minor (if different):	
Phone:	
Email:	