



**Ann Arbor District Library  
Minor Talent Release Form**

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I, \_\_\_\_\_, hereby permit the image and voice of my child, \_\_\_\_\_, either in whole or in part, to be telecast by the Ann Arbor District Library. And I hereby authorize the use of the produced content for the purpose of promoting Ann Arbor District Library programming and services.

By signing this form, you agree:

- No monies or other compensation will be or become due to you, your child or your heirs, agents or assigns at any time because of participation in the above activities.
- Consent for your child's participation in Library publication activities may be rescinded at any time prior to the telecast by written notice to the the Director of the Ann Arbor District Library.

Name of Minor: \_\_\_\_\_  
Please print

Name of Parent/Legal Guardian: \_\_\_\_\_  
Please print

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

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

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

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