

Know Your Neuro

Music Video Contest Actor Release Form



Lead Producer: This form must be completed by each identifiable person appearing in your KnowYourNeuro Music video.*

I understand that an original video has been created and submitted to KnowYourNeuro.org that includes images of me or my child. I understand that this video has been submitted to, and for participation in, the KnowYourNeuro student music video contest.

I grant full permission and authority to KnowYourNeuro.org and anyone authorized by the organization to use, publish, and display my or my child's image and/or voice contained in the video.

I recognize that there is no form of compensation.

By signing this form, I certify that I am legally authorized to grant the permissions and waivers stated.

TITLE OF VIDEO SUBMISSION

LEAD PRODUCER'S NAME

LEAD PRODUCER'S EMAIL

LEAD PRODUCER'S PHONE

ACTOR'S NAME

ACTOR'S DATE OF BIRTH

Actor Signature

Actor's Parent/Guardian Signature (if under 18)

DATE

DATE