



RELEASE FORM

In consideration of my work and or appearing, and for no subsequent remuneration, I do hereby on behalf of myself, my heirs, executors, and administrators authorize K9 Studios, Sheldon High School, Shawn P. Sullivan (Instructor), Sean Taylor (Instructor), Jacob Lucca (Instructor), any other instructor, and Elk Grove Unified School District to use live or recorded on tape, film, or other media currently in use or formats to be devised, my name, voice, likeness, artwork, animation or performances for television, film or video distribution throughout the world and for audiovisual and general educational purposes in perpetuity.

I further agree on behalf of myself and others as above stated that my name, likeness, artwork, animation, biography photos, audio and video recordings of the named student below may be used for promotion and other uses. Further, I agree to indemnify, defend, and hold the students, producers, production company, school, district, instructor, and cable company harmless for any and all claims, suits, or liabilities arising from my artwork appearing, animation appearing and/or my appearance and use of any of my materials, name, creation, likeness, or biography.

CONDITIONS:

SIGNATURE: _____

PRINTED NAME: _____

STREET ADDRESS: _____

CITY, STATE, AND ZIP CODE: _____

AREA CODE & PHONE NUMBER: _____

DATE: _____

SIGNATURE OF GUARDIAN: _____

PRINTED NAME OF GUARDIAN: _____