

## PERSONAL APPEARANCE RELEASE FORM

Everyone who is prominently featured in your Entry must fill out a copy of this form. This includes actors and/or interview subjects that appear in either the video or audio of your Entry.

Film Title:			
Filmmaker/Entrant:			
Participant's Name:			
Participants Age:			
image, voice, and partic that the Film may be ec County Health Departm	cipation in and performance dited and otherwise altered nent, and used in whole or in	d and edit into the Film and related materia on film for use in the Program or parts ther at the discretion of the Producer and the S n part for any and all broadcasting, non-bro nner of media, in perpetuity, throughout th	reof. I agree Salt Lake adcasting,
parts of the Film. The S including copyright, in a	alt Lake County Health Dep and to the Program, includir	th Department may use and authorize other partment shall own all rights, titles and inte ng the Film, to be used and disposed of witl ealth Department shall in its sole discretior	rests, nout
By signing below, I, th terms listed above.	e Participant and/or Parti	cipant's Parent/Guardian understand and	accept the
Youth Signature	Date	Parent/Legal Guardian Signature	Date
Address:		City, ZIP:	
Date:	Pho	one:	

