



## Talent Release Form

### Permission to Publish Images and Audio of Individuals and their Work

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Student Name: \_\_\_\_\_ (print please)

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

Contact Number: \_\_\_\_\_

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

If aged under 18, this form must be signed below by parent / guardian / carer

Parent Name: \_\_\_\_\_ (print please)

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

Contact Number: \_\_\_\_\_

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