Talent Release Form

For valuable consideration, I do hereby authorize Championship Mock Trial Academy, and those acting pursuant to its authority to:

a. Record my participation and appearance on videotape, audiotape, film, photograph or any other medium.
b. Use my name, likeness, voice and biographical material in connection with these recordings.
c. Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose, which the Championship Mock Trial Academy, and those acting pursuant to its authority, deem appropriate.
d. Exhibit or distribute any written documentation in whole or in part without restrictions or limitation for any educational or promotional purpose, which the Championship Mock Trial Academy, and those acting pursuant to its authority, deem appropriate.

This release shall remain in effect unless revoked in writing.

Name: _____

Address: _____

Phone No.: _____ Email: _____

Signature: _____ Date: _____

Parent/Guardian Name: _____
(*if under 18*)

Parent/Guardian Signature: _____ Date: _____
(*if under 18*)