Talent Release of Liability and Consent

I, the undersigned, hereby grant permission and consent to Thompson School District R2-J, to film and/or videotape me for educational, informational and instructive purposes and to edit, portray, and exhibit the film/videotape produced thereby in part or in whole, for cablecast and/or broadcast, Web media or other public viewing. I, the undersigned, hereby waive any and all causes of action of every kind and nature including any claim for breach of confidentiality, privacy, or otherwise arising out of or occasioned by the activities consented to hereby.

The consent and permission hereby granted may be withdrawn if written notice is delivered to the Thompson School District Director of Communication & Community Resources at 800 S. Taft Ave. Loveland, CO 80537 within ten days of filming or videotaping.

Dated this __________ day of ______________ 20___

_____________________________________________
Print name

_____________________________________________
Signature