

STANDARD TALENT RELEASE

I hereby give permission to Salisbury University, its agents, successors, assigns, clients and purchasers of its services and/or products to use my photograph (whether still, film or television) and recordings of my voice and my name in any legal manner whatsoever.

Date: _____

Signature: _____

Name (Print): _____

Parent/Guardian's Signature (if under 18): _____

Name (Print): _____

Address: _____

City _____

State/Zip _____

Phone: () _____

Exclusions: