



# Hillsborough County Florida

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## TALENT RELEASE

I, \_\_\_\_\_, hereby irrevocably consent to and authorize the use and reproduction by Hillsborough County, its employees, agents, heirs and assigns of any and all purpose whatsoever. I further understand that by giving consent, I relinquish the right to compensation for any use of reproduction whatsoever of my personal image. All negatives, proofs, tapes, copies, video, and audio files together with said prints, tapes, and video and audio files shall be deemed the sole and complete property of Hillsborough County.

Talent: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Witnessed by: \_\_\_\_\_  
(Signature of Witness)

IF THIS RELEASE IS BEING SIGNED BY A PERSON LESS THAN EIGHTEEN (18) YEARS OF AGE, THE FOLLOWING MUST BE COMPLETED.

The undersigned is the parent/legal guardian of the above-mentioned minor and is entitled to the sole care, custody and control of said minor.

I understand that by placing my signature on the line below I am legally consenting to the execution of this release by the aforementioned minor, that I am familiar with all the terms contained therein and that the minor shall fully and completely comply with all terms of the release. I further represent, agree and guarantee that I will not revoke or cancel such consent during the minority of the minor.

Signature of Parent and/or Guardian: \_\_\_\_\_

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

Witnessed by: \_\_\_\_\_