

TALENT RELEASE

I,	, the parent/guardian of(Yo	
(Parent or Guardian)	(Yo	uth Participant)
on this day of	, h	ereby authorize and give full
consent to Join Together No.	rthern Nevada (JTNN) to 1) publish my c	hild's picture and/or voice
in any medium (including but	not limited to: photographs and voice rec	cordings); 2) to edit these
recordings at the discretion o	f JTNN; 4) to use for purposes of publici	ty and advertising the
organization's efforts relating	to substance abuse prevention.	
I further acknowledge that th	ere were no promises of compensation fo	r such use by JTNN, or by
anyone associated with JTNN	N, and that JTNN exclusively owns all righ	ts to these recordings.
IN WITNESS WHEREOF,	I have executed this release and indemnity	v on the date and year above.
Parent Signature :		
Printed name :		
Address:		

Please sign duplicate originals. One is for your records and one is for JTNN. Thank you.

Join Together Northern Nevada - 1325 Airmotive Way, Suite 325, Reno, NV 89502 - 775-324-7557