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| _Pic1 | **2024**  **Eastern Oklahoma State Spelling Bee**  **Minor Appearance Release Form** |

**Event: Eastern Oklahoma State Spelling Bee**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person Appearing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent, Guardian or Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Production Date:** Friday, April 26, 2024

**Production Location: Muskogee Civic Center**

As parent, guardian or teacher of , I authorize the

Producer, Eastern Oklahoma State Spelling Bee, Producer's agents, successors, assigns and designees to record his/her name, likeness, image, voice, sound effects, interview and performance on film, tape, or otherwise (the "Recording"), edit such Recording as Producer may desire and incorporate such Recording into the Film, any versions of the Film and all related materials thereof, including but not limited to promotion and advertising materials. It is understood and agreed that Producer shall retain final editorial, artist and technical control of the Film and the content of the Film. Producer may use, and authorize others to use, the Film, any portions thereof and the Recording in all markets, manner, formats and media, whether now known or hereafter developed, throughout the world, in perpetuity. Producer and Producer's successors and assigns, shall own all rights, title and interest, including the copyright, in and to the Film, including the Recording and related materials, to be used and disposed of, without limitation, as Producer shall in Producer's sole discretion determine.

**I represent, as parent, guardian or teacher of , we shall**

**both be bound by the terms of this Appearance Release.**

**Signature of Parent, Guardian or Teacher:**

**Address:**

**City: State: Zip:**

**Telephone: E-Mail:   
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**