

Actor Media Release Form

Each identifiable/recognizable person appearing in the video must complete this form.

I understand that an original video has been created and submitted to the UNMC-SEPA Program that includes images of me or my child. I understand that this video has been submitted as part of the UNMC-SEPA Program Math Concepts Learning Project Contest.

I grant full permission and authority to UNMC-SEPA Program and anyone authorized by the organization, to use, publish, and display my or my child's image and/or voice contained in the video for advertising, publicity, and promotional purposes without notification or further compensation.

I understand that there is no form of compensation for signing this release.

By signing this form, I certify that I am legally authorized to grant the permissions and waivers stated.

Title of Video: _____

Video Topic: _____

Lead Producer's Name: _____

Actor's Name: _____

Actor's Date of Birth: _____

Actor's Signature

Parent/Guardian Printed Name

Actor's Parent/Guardian Signature (if actor's under 19)

Date _____

Date _____

Form can be scanned/emailed to: sepa@unmc.edu
or faxed to 402-559-6501, attention: SEPA Video Contest



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