

Actor Release Form

League of Women Voters of Monterey County *Vote! Video Contest*

Title of Video submitted: _____

Video Artist's Name: _____

Video Artist's or Contact's Email: _____

Actor's Name: _____

Actor's Date of Birth: _____

I understand that I or my child appear in the above-named video and that the video has been submitted to the League of Women Voters of Monterey County's *Vote! Video Contest*. I grant full permission and authority to the League to use, publish, and display my or my child's image and /or voice contained in the video and to share it with any media outlets that may be interested in covering the contest.

Student Signature(s) _____ Date _____

If the student is under 18, Parent/Guardian signature:

Parent/Guardian Signature(s) _____ Date _____