



Digital Media Contest — Actor Release Form

Media submissions must include a fully completed copy of this document IF human subjects appear in the video

This form must be complete by each identifiable person appearing in the media submission.

I understand that an original media submission has been created and submitted to Project Brain Light at the University of Delaware (PBL) that includes images and/or videos of me or my child. I understand that this media submission has been submitted to, and for participation in PBL's Digital Media Contest. I grant full permission and authority to PBL and anyone authorized by the organization to use, publish, and/or display my or my child's image/video and/or voice contained in this media.

TITLE OF MEDIA ENTRY: _____

STUDENT INFORMATION: (of student submitting this work to PBL)

Student Name: _____

Student Email: _____

ADDITIONAL PARTICIPANTS IN GROUP (of students submitting this work to PBL; if applicable):

Student Name: _____

Student Name: _____

Student Name: _____

Student Name: _____

Student Name: _____

ACTOR'S Name: _____

ACTOR'S DATE OF BIRTH: _____

ACTOR SIGNATURE

ACTOR'S PARENT/GUARDIAN SIGNATURE (IF UNDER 18)

Print Name: _____

Print Name: _____

Date: _____

Date: _____