

Release Form

l <u>,</u>	,
PRINT NAME	
containing my likeness and/or voice for l	on to use any photo or recorded materials broadcast, webcast, website, or social media eing paid to appear in the recordings and will ights granted by me in this agreement.
Signature	Date
Release by Parent/Guardian of Minor	Child
l,	,
	RINT NAME
give permission for Idaho Public Televisi containing the child,	on to use any photo or recorded materials
PI	RINT NAME
	ocast, website or social media purposes. I baid to appear in the recordings and will not be ranted by me in this agreement.
Signature of Parent/Guardian	Date