

# POETRY OUT LOUD

## Student Release Form



417 W. Roosevelt St.  
Phoenix, AZ 85003-1326  
p 602.771.6501  
f 602.256.0282  
info@azarts.gov  
www.azarts.gov

As the parent or legal guardian of the student listed below, I, \_\_\_\_\_ hereby grant the Arizona Commission on the Arts and its Poetry Out Loud Regional Partner organizations, the ASU Young Writers Program and the U of A Poetry Center, permission to use said student's likeness, name, image, voice, interview and presentation without payment or any other compensation.

***I agree that the Arts Commission and its assignees and designees may use these materials to educate and inform the public about Arts Commission programs or to educate Arizonans about the Arts Commission in any of the following ways:***

1. **Print Media.** The Arts Commission may use these materials in print materials.
2. **Lectures.** The Arts Commission may utilize these materials for presentations about Arts Commission programs which are open to the public.
3. **The Internet.** The Arts Commission may utilize these materials on its website ([www.azarts.gov](http://www.azarts.gov)) or through electronic mailings.
4. **Television.** The Arts Commission may utilize these materials in television segments or programs to be aired on local, public, cable, satellite, and/or digital TV.
5. **DVD.** The Arts Commission may utilize these materials in a VHS or DVD to be distributed for free as a public service announcement or educational video.
6. **Successor Technologies.** The Arts Commission may utilize these materials in subsequently developed technologies.

I recognize that any educational materials containing these materials may be distributed or broadcast nationwide. I release the Arts Commission and its assignees and designees from any and all claims and demands arising out of or in connection with the use of these materials.

I hereby hold harmless, release and forever discharge the Arts Commission and its assignees and designees from all claims, demands, and causes of action, which I, or any other persons acting on my behalf, have by reason of this authorization. I certify that I have all rights necessary to agree to these terms.

**Student Name** \_\_\_\_\_

Student Signature \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_