



IP Video Contest Talent Release Form

Talent Name: _____

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Talent's signature _____ Date of Birth: _____
Address _____ City _____
State _____ Zip code _____
Date: ____/____/____

If the talent is a minor under the laws of the state where acting or performing is done:

Legal guardian _____
(sign/print name)
Address _____ City _____
State _____ Zip Code _____
Date: ____/____/____