

**Artist in Residence Program  
Office of Arts Learning  
Ohio Arts Council**

**IMAGE/AUDIO RELEASE FORM**

Name of Participant \_\_\_\_\_

School/Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

*If the above named individual is a minor, then a parent or legal guardian must read the statement below and sign for the above named individual.*

I, the undersigned either as the individual identified above, as the participant, or as the parent or legal guardian for the above identified individual, agree that the individual identified above as the participant may participate in video program, photographic images, and sound recordings as part of Artist in Residence activities. I further understand and agree that video, photographic images or sound recordings produced as part of the residency may be edited as desired and may be duplicated and distributed, in whole or part, for unlimited educational use by the State of Ohio, Department of Education, the Ohio Arts Council or for other similar purposes in perpetuity throughout the world.

I acknowledge my understanding and acceptance of these conditions by my signature below.

**Note: This form must be completed and signed at or prior to the time of recording.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_