



VCA POETRY OUT LOUD
AUDIO, VIDEO, & PHOTO PERMISSION FORM
(MINOR)

On behalf of my minor child, _____, I hereby grant the Virginia Commission for the Arts (VCA) permission for the use of material for the VCA sound or video recording of my child and use of my child's name, image or likeness in connection with the *Poetry Out Loud: Marion, VA Residency and Workshops taking place on Friday, October 8, 2021 through Saturday, October 9, 2021.*

I agree the VCA may use, or authorize it assigns or designees to use, all or portions of the Recordings to raise awareness about VCA and the National Endowment for the Arts programs or to educate Americans about an art form or a particular artist in any of the following ways:

1. **Print media.** The VCA may use portions of the Recording, such as a transcript and photograph, in print materials.
2. **The Internet.** The VCA may utilize the Recording in video, audio, or text format on its web site (<http://www.arts.virginia.gov>), websites of VCA partners, or electronic/web media in streaming and/or downloadable format, as well as podcasting.
3. **Radio.** The VCA may use the Recording on radio, such as broadcast on commercial, public and Internet radio stations and satellite radio channels.
4. **Television.** The VCA may utilize the Recording in television segments or programs to be aired on local, public, cable, satellite, and/or digital TV.
5. **Video/DVD.** The VCA may utilize and distribute the Recording in a VHS or DVD, such as for a public service announcement or education video.
6. **Successor technologies.** The VCA may utilize the Recording in subsequently developed technologies.

I recognize that this permission included worldwide rights. I release the VCA, and its assignees and designees, from any and all claims and demands arising out of or in connection with the use of the Recording. I certify that I am the parent or legal guardian of the child and have the right to agree to the above.

Accepted and agreed:

Signature of Parent or Legal Guardian

Address

Print Name

City, State, Zip

Date

Phone
