



HSFCA Student Publication/Video Release Form

By signing this form, you agree to the terms and conditions of this agreement. Please complete the following:

- 1. Print all of the requested information legibly. Use blue or black ink.*
- 2. Sign this form.*
- 3. Return to your child's classroom teacher.*

I hereby give my permission to the Hawai'i State Foundation on Culture and the Arts (HSFCA) to use my child's work, videotape, or otherwise record my child's name, voice, and/or likeness in its publications. I understand that examples of my child's work and/or these recordings of my child will be used exclusively for noncommercial purposes to promote state programs, which may include, but not be limited to, distribution by print, internet, or digital media and open-circuit broadcast, closed-circuit, and/or cable television transmission within or outside of the State of Hawaii for the duration of the media.

I understand that there will be no financial or other remuneration for use of my child's work and/or recordings, either for initial or subsequent transmission or playback, and I hereby release the SFCFA and the State of Hawaii from any liability resulting from or connected with the publication of such work. Permission is granted for the duration of the media. I further understand that my permission or consent may be rescinded; however, in order for the revocation of permission/consent to be effective, it must be made in writing and said revocation will not affect the publication or work that has already been produced.

The HSFCA may use my child's name, likeness, work, and/or bibliographical identification for publicizing and promoting the use of these recordings. The HSFCA has permission to videotape or otherwise record my child's name, voice, and/or likeness for noncommercial purposes to promote state programs. The HSFCA has permission to use my child's work for noncommercial purposes to promote state programs.

School Name: _____

Student's Name (please print): _____

Parent/Guardian's Name (please print): _____

Home Address (please print): _____

City: _____ State: _____ Zip Code: _____

Signature of Parent/Guardian: _____ Date: _____