



The Government of the Republic of Trinidad and Tobago  
**MINISTRY OF EDUCATION**

**TALENT RELEASE FORM**

**Project/Programme title:** Integrated Arts Performance

**Ministry of Education's Officer Responsible for the Project/Programme:**

Marceline Peters, Curriculum Coordinator, VAPA (Ag.)

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I understand that this release authorises the Ministry of Education, Trinidad and Tobago to make use of my child's/ ward's appearance/recordings/materials, for the above-mentioned project/programme.

I understand that he or she is to receive no talent compensation or any other compensation as it relates to this project/programme. The Ministry of Education shall have complete ownership of all photographs, video recordings, audio recordings and/or written extractions, in whole or in part, of such recordings or musical performances for the purpose of illustration, broadcast, or distribution.

I give the Ministry of Education the right to use my child's/ ward's name, likeness and biographical material to publicise the programme and the services of the Producer.

The Ministry of Education may:

1. Photograph my child/ ward and record his/ her voice and likeness for the purpose of the production mentioned above, whether by film, videotape, magnetic tape, digitally or otherwise;
2. Make copies of the photographs and recordings so made;
3. Use my child's/ ward's name and likeness for the purposes of education, promotion and/or advertising of the programme, recordings and any copies so made, through mass media and the internet.

I further understand the master tape/copy remains the property of the Ministry of Education, Trinidad & Tobago and that there will be no restrictions on the number of times that my name and likeness may be used.

**This contract must be completed below by a parent or guardian.**

Talent (Print pupil's name): \_\_\_\_\_

I, the undersigned, hereby state that I am the Mother  Father  Guardian   
of the above-named Talent and do hereby consent and give my permission to this agreement.

Parent/Guardian (print name): \_\_\_\_\_ ID No.: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_