

I,		,
hereby authorize The PaTRAM	Institute to use my photograph, performances, with the production of recordings or videos of the	
name in connection with this prodemands whatsoever in connection	cordings you make of me and my voice and the oduction. I release the producer from any lawsus on with using my likeness and voice in this produce* and fully understand the meaning and intent	its, actions or luction. I certify
Name:		-
Address:		
City:		_
State/Province:	Zip/Postal Code:	_
Phone:		
Signature:	Date:	_
Name of represented minor:		_
*If under the age of 18, this form need	ls to be completed by parent or legal guardian.	