



MCAST

Institute for the Creative Arts
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RELEASE FORM – CHILDREN

Project name: _____

Date: ____ / ____ / ____

Student: _____

By signing the form below, you give your permission, without further consideration or compensation, in whole or in part, for all Audio Visual footage and/or photographs made of your child of name _____, and/or recordings of the child's voice, and/or written extraction done during this project to be used by the student and MCAST solely for educational purposes.

By giving your permission, you do not give up any copyright or performance rights that you may hold.

I agree to the uses of these materials described above, except for any restrictions, noted below.

Name (please print):

Signature:

Date: _____

Researcher's signature:

Date: _____

Restriction description:
