



## Talent Release Form (Person under 18 years of age)

I, \_\_\_\_\_  
(Parent / Guardian's Name — PLEASE PRINT)

of \_\_\_\_\_  
(Address line 1 — PLEASE PRINT)

\_\_\_\_\_  
(Address line 2— PLEASE PRINT)

On behalf of \_\_\_\_\_ hereby give my consent  
(Child's Name — PLEASE PRINT)

for iLactation to:  
record, copy, edit, adapt, modify, distribute or exhibit video/audio footage, images or likenesses of my child, in whole or in part, in any form or media, and including the right to sublicense these rights for educational and promotional/publicity purposes for an undefined period of time.

Parent's/Guardian's Signature

Date

Please print, sign, scan and email the form to the Project Coordinator:  
Iona Macnab [iona@ilactation.com](mailto:iona@ilactation.com)

**iLactation**

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