

His Hands Reader

world literacy project

www.GodandDeaf.org/hhr

www.HisHandsReader.org

BobAchgill@hotmail.com

Date _____

Re: image/voice/musical/video recordings of _____

I give permission to have my image/voice/musical/video recordings used by Robert F. Achgill with the **His Hands Reader** world literacy project for educational purposes. I understand that my image/voice/musical/video recordings will be used to help illustrate and explain text in the **His Hands Reader** primer text. His Hands Reader primer text with supporting recordings will be distributed for free world wide with the **His Hands Reader** video lexicon and primers and may also appear in other media forms such as YouTube, or other social video networks and/or Television broadcasts for educational purposes. If I participated in filming or editing these recordings, I transfer my copyright for filming or editing to Robert F. Achgill.

____ Yes, I would like my name acknowledged with the **His Hands Reader**

____ No, I would not like my name acknowledged publicly

Name _____

Address

Email Address

Signature of parent or guardian if person named above is a minor:
