



Photograph & Video Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet, in the public educational setting, or other media. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

Full Name _____

Address _____ City _____ State& Zip _____

Phone _____ Email _____

Signature _____ Date _____

If this release is obtained from a person under the age of 18, then the signature of that person's parent or legal guardian is also required.

Parent's Signature _____ Date _____



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