

VIDEO RELEASE FORM

By this authorization, I, _____, grant to _____ the rights to my image, whether video or still, as well as the likeness and sound of my voice as captured on audio or video tapes.

- with payment of \$_____ (US Dollars)
 without payment or any other consideration.

I acknowledge that my likeness may be used in finished works that are edited, copied, displayed, published, or distributed, and I hereby waive my right to inspect and approve such works. Additionally, I waive any rights to royalties or other compensation related to the use of my image or recording. Furthermore, I understand this material may be used in a wide range of educational settings without geographic restriction.

Video, audio, and photographic recordings may be used for ANY PURPOSE, including but not limited to:

- Presentations;
- Courses;
- Online/Internet Videos;
- Media;
- News (Press);

I understand that by signing this release, I give permission for photos or videos of me to be electronically exhibited online or in a public educational setting.

If the photographs or video recordings are used for a purpose other than the ones listed above, I will be consulted.

The duration of this release is unrestricted, and the distribution of these materials is not restricted by any geographical boundaries.

Only the images, sounds, or videos taken during the sessions mentioned in this document are covered by this release.

I certify that I have read the foregoing release in its entirety, understand it completely, and agree to be bound by it by signing this release. I hereby waive any and all claims against any individual or group who makes educational use of this content.

Name in Full: _____

Street Address/P.O. Box _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email Address _____

Signature _____ Date _____

Presenters under the age of 19 must also obtain the signature of their parent or legal guardian on this release.

Signature of Parent: _____ Date _____