



Media Release Form

By signing this release form, I authorize PADT to use the following personal information:

- (1) My picture- Including photographic, motion picture, and electronic (video) images.
- (2) My voice- Including sound and video recordings.

I, _____ hereby grant permission to **PADT Inc.** and its agents or employees to use/publish photographs and/or video and audio taken of me described in sections (1) and (2) above. These images may be used on the internet, in meetings, educational promotions, video blogs, on our website, brochures, and both printed and online newsletters. Furthermore, I authorize the use of my image, likeness, and voice for all program promotion, materials, and any other purposes in connection with the program deemed appropriate and necessary by PADT.

I further acknowledge that my image/video may be used by PADT Inc's committee and media to promote STEM education in the future.

I understand that no personal information, such as names, will be used in any publications unless express consent is given.

I further understand that this consent may be withdrawn by me at anytime, upon written notice.

Agreed and accepted by:

Print Name:

Date of Birth: (mmddyyyy)

Address:

City, State, Zip:

Phone Number:

Are you under the age of 18
years old?

☐ Yes

☐ No

Signature and Date:

Parental Consent

I certify that I am the parent or guardian of the individual above, _____, a minor under the age of 18 years old. I hereby agree to assume legal responsibility for his/her authorizations referred to in this General Media Release.

Signature of Parent/Guardian:

Date:

Address of Parent/Guardian (if different):

City, State, Zip:

Phone Number:

In order for us to receive this media release please mail or fax it to us.

Address: Phoenix Analysis & Design Technologies Inc.

7755 S. Research Dr.

Suite 110

Tempe, AZ 85284

Fax Number: 480-813-4807

Thank you.