

Bridge Partnership Program Photo, Audio, Video, Comment Release

Student Information

Name: _____

Address: _____

Phone: _____ Email: _____

PARENT/GUARDIAN AFFIDAVIT

In matters regarding photographs, videos and audio recordings taken or made use of and/or comments made by the above named student or in which the student may be included with others; I, the parent/guardian of the student, hereby grant the irrevocable right and permission to the Bridge Partnership (FootBridge) Program to use, re-use and publish same in whole or in part in any and all media, including use on the world wide web, now or hereafter, and for any purpose whatever for illustration, promotion, art, recruitment, publication, advertising, and trade, and if appropriate, to use the students' name and pertinent education and/or biographical information as the Program chooses. Use of photographs, videos, comments, and audio records is granted without any restriction as to changes or alterations (including, but not limited to composite or distorted representations or derivate works made in any medium) and I waive any right to inspect or approve the finished versions incorporating the photograph, video audio recording and/or comments, including written copy, that may be created and appear in connection therewith.

I agree that the Bridge Partnership Program owns the copyright to all photographs, videos and/or audio records and I hereby waive any claims that I may have based upon any use of the works derived therefrom. I release and discharge the Bridge Partnership Program and its employees, assigns, licensees, successor-in-interest, and legal representatives from any and all claims and/or demands arising from or in connection with the use of all photographs, videos, audio recordings, and/or comments, including, without limitation, any and all claims for libel or invasion of privacy. I understand that photographs, videos, audio records or comments will not be sold to any other firms or organizations.

I am not a minor and am authorized to contract in my own name and the name of the above-named student. I have read the foregoing and fully understand its content. This release is binding upon me, my heirs, legal representatives, and assigns.

(Signature of Parent/Guardian) (Date)

(Witness) (Date)

If you do not authorize the release of photo, audio or video-recorded information that includes your child, check the statement below:

 I do not authorize the release of photo, audio or video-recorded information that includes my child.

Signature: _____ Date: _____

Witness: _____ Date: _____