

PHOTO/VIDEO RELEASE FORM

I hereby give permission for images, captured during(Event) video, photo and digital camera, to be used solely for the purposes of CHADD (Orga promotional material and publications, and waive any rights of compensation or owner thereto.	nization)
Name of Participant (please print):	
Signature:	
Date:	

Philips Release w/name removed (includes provision to include statements re: quotes, testimonials, etc.):

<u>RELEASE</u>

audio/v	ideration of the opportuni ideo taping relating to centies (collectively, "	tain products of		or its affiliated	
or mys	nies (collectively, "	ninor (the "Minor"), f	or myself and the Mi	inor in my capacity as th	ıe
1.	I hereby consent to the recordings taken of the I				90
2.	All statements, photograby determined by Neither the Minor nor of the	or itsfor promotic an I shall have any	contractors, ronal, commercial ywhere in the wor right to control the	may be used be or other purposes and in its sole discretion be use or publication be	oy as n.
3.	All statements, photograby connection with use of to for promotional, comments.	or its Neither the Mir hese statements, pl	contractors, shall for nor I shall receinotographs, and/or a	be the sole property ive any compensation	of in
4.	On behalf of the Minor and myself, I hereby release, waive and discharge any claims of any kind or nature arising out of or relating to the use of the statements, photographs, and/or audio or video recordings against or any person or firm authorized by to publish said materials ("Publisher"), Such release, waiver and discharge shall also extend to all affiliated companies, shareholders, directors, officers, employees, agents and assigns of and any Publisher.				
5.	This Release shall be be heirs, assigns, executors				s,
6.	I HAVE READ THIS SUBSTANTIAL RIGHTS RIGHTS RELATING TO COMMERCIAL USE OF VIDEO I SIGN THIS RELEASE	S ON BEHALF OF TO PUBLICITY AN F ANY STATEMEN RECC	THE MINOR AND ND PRIVACY WIT TS, PHOTOGRAPH RDINGS)) MYSELF (INCLUDIN H RESPECT TO TH	G IE R
Printed	Name of Minor	Printed Name of Parent/Guardian		Date	
				, 200	
Signatu	re of Parent/Guardian			Age of Minor	

STATEMENT

The Statement, if any, is as follows (or, indicate below that the Statement is attached to this Release and Authorization, and attach Statement):