



PHOTO/VIDEO RELEASE

PARTICIPANT NAME: _____

I hereby authorize and grant permission to the Center4SpecialNeeds to reproduce my photographic and/or video image and my filmed testimonial and story. I agree that such reproduction may be edited as desired and used in whole or part for any and all print, audio-visual, multimedia, online and/or exhibition purposes in any manner or media, in perpetuity, throughout the world. I understand that I have no rights to any benefit derived there from.

I recognize that I have the right to enter into the Agreement and that my rights I have granted in this Agreement will not conflict with or violate any commitment or understanding I have with any other person or entity.

I agree to indemnify and hold harmless the Center4SpecialNeeds from and against all claims, losses, expenses and liabilities of every kind including reasonable attorney’s fees, arising out of the inaccuracy or breach or any provision of this Agreement. I expressly release the Center4SpecialNeeds from any and all claims arising out of the use of my photographic or video image.

This Agreement represents the entire understanding of the parties and may not be amended unless mutually agreed to by the parties in writing.

I give permission to Center4SpecialNeeds to use (Circle one choice below):

- My first and last name
- My first name only
- I prefer to keep my name anonymous

Participant Signature: _____

Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____