



The following is our release form wherein you give us permission to use your, or your child's/ward's works or likeness in various projects, some of which we may have discussed. While it contains a lot of legal terms that our lawyers make us use, the plain language is simply this: by signing this release you are authorizing us to use in our works, that we create, yours or your child's/ward's image, likeness and voice in the project and in future projects which we may undertake.

I _____ (individual/parent/guardian: please print your name) give permission for myself/child/ward to be videotaped, audiotaped and/or photographed. I understand that LOVING GUIDANCE, INC. of Oviedo, Florida will own the video/audiotapes or photographs (the "Media") and any works which may utilize the Media, including the irrevocable right to edit, broadcast, reproduce the works, and to offer the works for sale to the public. This also includes the rights to copyright and the right to license others to use the Media in connection with the works.

Because LOVING GUIDANCE, INC. is concerned about the privacy of those appearing in the Media, I agree there will be no credits given to myself/child/ward in the Media or the works or derivative works utilizing the Media in whole or in part. I also agree that neither myself/child/ward will receive any payment for appearing in the Media, or the works or derivative works using the Media. I waive, on my own behalf and on behalf of my child/ward, any rights or interest in and to the Media and any works utilizing the Media, and will have no claim of any kind against LOVING GUIDANCE, INC., its executors, licensees, successors or assignees based on the exercise of any rights granted hereunder or the use of the Media, or works containing it.

I further waive, on behalf of myself and my child/ward, the right to inspect and/or approve the products of LOVING GUIDANCE, INC. that utilize the Media, including any works and written copy that may be created in connection therewith. I hereby warrant I am of full legal age, have full legal authority, and am otherwise competent to sign this Release, and I further warrant I have read and understand it.

Signature: _____ Date: _____

Address: _____

City, State, Zip: _____ Phone: _____

Child's Full Name: _____

Email: _____

Return to:

Robert Hess
Video & New Media Producer
820 W. Broadway
Oviedo, FL 32765

School: _____

(if applicable)

MI/CI _____

(office use only)

