**VIDEO AND PHOTOGRAPHY RELEASE**

This will confirm that I, ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have agreed to release all said rights to any photography or video taken in connection with *FIRST®* in Texas to *FIRST*® in Texas employees and *FIRST®* in Texas partners. The partners may use any content in advertising and marketing, in print, web and any other media in existence now or yet to be developed. I understand that I will not receive any monetary compensation for time or services.

Furthermore, I hereby release and discharge the partners from any and all claims and demands arising out of, or in conjunction with, the use of such photographs, video, film, electronic images, and/or audio recordings and the plates, tapes and/or software from which they are made. I understand that these materials shall become the sole property of the partners and it shall have the right to duplicate, reproduce and make other uses of the material for any lawful purpose, including illustration, advertising, and promotion. I understand that I may not be provided the opportunity to review final marketing and advertising material or any of the content prior to dissemination, and that this document creates no obligation on behalf of the partners to use all or part of the content in advertising or marketing.

I have read the paragraphs above and agree for myself and / or my child (when applicable) to be featured in *FIRST®* in Texas partners advertising and marketing, in print, web and other media in whole or in part.

|  |
| --- |
| **Individual consent for participants 18 and older** |
| First Name |  |
| Last Name |  |
| Phone Number |  |
| E-mail Address |  |

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Complete the section below for any children under 18 years of age** |
| Parent or Guardian’s First Name  |  |
| Parent or Guardian’s Last Name |  |
| Child’s First Name |  |
| Child’s Last Name |  |
| Phone number |  |
| E-mail address |  |

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_