|  |  |  |  |
| --- | --- | --- | --- |
| Arc Logo Good.jpg | **SENSES PLAYROOM GYM**  1110 Amos Road, Suite A  Shelbyville, IN 46176  Phone: 398-6708 or 370-8236 | Aktion Club Logo Quality.jpg | kiwanis brcf logo 001.jpg |

**PHOTO RELEASE & ASSIGNMENT**

|  |  |
| --- | --- |
| Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby irrevocably consent to and authorize The Arc of Shelby County and the Shelbyville VC Aktion Club (SENSES), its agents or assigns, the irrevocable unrestricted right to use and publish images and audio of myself and/or my child (“the images”) for editorial, trade, advertising, promotion or any other lawful purpose in any manner or medium, and to alter the same without restriction without the payment of any compensation. Further, in favor of SENSES, I do hereby;

1. Waive any right to notice or approval of any use of the images;
2. Release SENSES and its agents or assigns from all claims and liabilities relating to the images of myself and/or my child or by virtue of alteration, processing or use in composite form;
3. Release all intellectual property rights, including copyright, which I have in or to the images; and
4. Assign to SENSES all moral rights which I have in or to the images.

**For Participants of Minority Age**

PRINT NAME OF MINOR IN FULL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to certify that I/we as parent(s)/guardians(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs,, assigns and next of kin to the Release and Assignment, as stated above, regarding my/our child’s involvement in the taking and use of the images as stated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date