

## VIDEO RELEASE FORM

I, \_\_\_\_\_, hereby grant permission to **Children Beyond Our Borders Inc.**, the rights of my image, in video or still, and of the likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting on behalf of the College Prep Program and Children Within Our Borders.

I understand that the zoom sessions will be recorded to ensure accountability, and that my image and voice will be held in videos on the CPP drive. I understand that my personal information such as name, age, email address and phone number may be stored there as well to track students' academic progress and aid in the program's organizational goals.

By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational and promotional purposes.

Full Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If this release is obtained from a presenter under the age of 18, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_