

VIDEO RELEASE FORM

Please note: A separate form must be completed for each individual who appears in the video.

I hereby grant permission to Parents for Choice in Education (hereafter "PCE"), 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.

I consent to the use of these recordings by PCE for educational materials, publications and websites and other consistent purposes. I hereby assign and transfer to PCE all rights to these audio and visual recordings and all benefits and advantages to be derived there from. Editing, publication, distribution, broadcast and use of this material shall be at the sole discretion of PCE, in perpetuity, and within an unrestricted geographic area.

Photographic, audio or video recordings may be used for any use which may include, but is not limited to:

- Educational materials
- Presentations
- Online/Internet videos/Social media
- News (Press)

Indicate below whether you consent or do not consent to the following disclosures of identity being included in relation to the image and/or video, published in print, electronic, or digital format.

	CONSENT	DO NOT CONSENT
FIRST NAME ONLY	<input type="checkbox"/>	<input type="checkbox"/>
FIRST AND LAST NAME	<input type="checkbox"/>	<input type="checkbox"/>
NAME OF CITY/TOWN	<input type="checkbox"/>	<input type="checkbox"/>

I have obtained all necessary permissions, consents, licenses, or other approvals of third parties (including, but not limited to, all holders of copyright in any copyrighted music, images or other materials used in the video). YES

By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby.

Full Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Phone Number _____ Email _____

Signature (if individual is 18 years or older) _____ Date _____

If this release form is provided for an individual under the age of 18, then the name and signature of the individual's parent or legal guardian is required.

Full Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____