**Consent to Photograph, Video, or Voice Record for Non-Profit Use**

I hereby grant permission to Action Youth America and its representatives to photograph, video or voice record, and otherwise capture my image, and to make recordings of my voice for promotional events.

Please check the appropriate box(es) to indicate your consent:

Photography Video & Voice Recording

I further grant Action Youth America and its representatives the right to reproduce, use, exhibit, display, broadcast, distribute, and create derivative works of these images and/or recordings in any media now known or later developed as well as my name promoted, publicized or explaining Action Youth America its activities and for administrative, educational or promotional.

I acknowledge that Action Youth America owns all rights to the images and recordings.

Full Name of Person Being Recorded, Photographed, and Voice Record (Printed):

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

Name of School (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian(s) Name (If under age 18) (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Waiver, Indemnity and Release:

I hereby waive any rights to inspect or approve the use of the images or recordings or of any written copy. I further waive all moral rights. I also waive any rights to royalties or other compensation arising from or related to the use of the images, recordings or materials, including but not limited to claims of defamation, invasion of privacy, or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reproduction or production of the finished product, its publication or distribution.

# 18 or over only:

I am 18 years of age or older and I competent to contract in my own name. I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity, and release. This consent, waiver, indemnity, and release is binding on me, my heirs, executors, administrators, and assigns.

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

*(18 or older)*

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(17 or younger)*

# Protecting Your Privacy:

Personal information including images and recordings in connection with this form is collected in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used for promoting, publicizing or explaining Action Youth America and its activities and for administrative, promotional or educational purposes. Personal information may be disclosed to outside service providers for processing and production. If you have any questions about the collection of personal information by Action Youth America as referenced on this form, please contact Action Youth America at 888-438-0868 or via email at [info@aya](mailto:info@aya).llc.