



Education Foundation Inc.

STATEMENT OF PERMISSION AND RELEASE OF LIABILITY FORM

Student's Name (Please Print)

Home Phone Number

Street Address

City

State

Zip Code

School Name

Date of Birth

Age

PERMISSION

I hereby grant the *Al Hurvis/ADAMM Education Foundation* permission to use my likeness in a photograph, video, or other digital media in any and all of its publications, including web-based publications.

RELEASE

I hereby authorize the *Al Hurvis/ADAMM Education Foundation* to use pictures, slides, digital images, or other reproductions of me without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the *Al Hurvis/ADAMM Education Foundation*.

I understand that by signing this, I am releasing the *Al Hurvis/ADAMM Education Foundation* and its directors, officers, employees, and agents from any future claims as well as from any liability arising from the use of any photograph or other images.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW. I ACCEPT:

***Student and Parent/Guardian must both sign**

Print Student Name: _____

Student Signature: _____ Date: ____ / ____ / ____

Print Parent Name: _____

Parent Signature: _____ Date: ____ / ____ / ____

PLEASE SUBMIT THIS RELEASE WITH YOUR APPLICATION