Photograph, Video and Voice Recording Consent, Waiver, Indemnity and Release Form

Photographs, Videos and Recordings

I hereby grant permission to The Hill Academy and its representatives to photograph and video me, and otherwise capture my image, and to make recordings of my voice at any Hill Academy academic and/or athletic event throughout the 2015/2016 school year.

I further grant to The Hill Academy and its representatives the right to reproduce, use, exhibit, display, broadcast and distribute and create derivative works of these images and recordings in any media now known or later developed as well as my name for promoting, publicizing or explaining The Hill Academy and its activities and for administrative, educational or research purposes. I acknowledge that The Hill Academy owns all rights to the images and recordings.

First and Last Name (Printed):
_____________________________________________________________

E-mail:_______________________________________________________

Phone:______________________________________________________

Parent/Guardian Name (if under age 18):
_____________________________________________________________

Waiver, Indemnity and Release

I hereby waive any right 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 right to royalties or other compensation arising from or related to the use of the images, recordings or materials.

I am 18 years of age or older and I am 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 (if 18 years or older)                                                               Date

______________________________________________________________  ______________________
Signature of Parent/ Guardian (if under age 18)                                     Date