

MINOR



Recovery & Freedom From Drugs & Alcohol

Video/Photograph Permission and Release

This Permission and Release, dated this _____ day of _____, 20____, applies to any and all video footage or photographs taken for **Dare U to Care**, and any related activities (“Dare U To Care”) that is used for any broadcast, Publication or any other lawful purpose (_____), in which _____ (the “Participant”) may participate.

(Reference below to “Dare U To Care” shall be read to include the Administrators, counselors, interns, Volunteers, and All other employees of DARE U TO CARE).

ON BEHELF OF THE PARTICIPANT, I, THE PARTICIPANT’S PARENT/LEGAL GUARDIAN

- Hereby warrant that I am 18 years of age or older.
- Hereby grant permission to use my full name, biography, video image, likeness, photograph, or audio record activities of me for the Project in connection with the unlimited distribution, advertising, promotion and exploitation, and use throughout the world and in perpetuity and on whatever media is known or hereafter devised.
- Agree that I will not assert, maintain or consent to others bringing claim, action, suit or demand of any kind or nature whatsoever against Dare U To Care including but limited to, those grounded upon invasion of privacy, rights or publicity or other civil rights, or for any other reason in connection with the authorized use of my physical likeness and sound for the project or any productions by Dare U To Care outreach Ministries.
- Hereby waive any right to inspect or approve the finished Project or other products developed from the project.
- Hereby release Dare U To Care from and against any and all claims, liability, demands, actions, causes of action(s), costs, expenses and damages, at law or in equity, known, anticipated or unanticipated arising out of the rights granted to Dare U To Care Outreach Ministries.
- Acknowledge that I will not be given any fees for the services provided to Dare U To Care Outreach Ministries.
- Acknowledge that I have read the above agreement, Prior to its execution, and that I am fully familiar with the contents. I understand this release will be binding upon me, and my respective heirs, legal representatives and assigns.

I Have executed this agreement to be effective as the date first written above.

Signature of Parent/Legal Guardian

Relationship

Print Name of Parent/Legal Guardian

Address

Print Name of Participant