

PHOTO & RECORDING RELEASE

Name: _____

Home address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email address _____

I, _____, in consideration of signing this release, hereby grant permission to DiscoverAbility, the right to record my likeness and/or voice on tape, film, and/or photograph. I understand that the image(s)/recording(s) may be used in print publications, presentations, websites, and social media. I understand that I am agreeing to provide the right to the above person/agency to edit, duplicate and disseminate these photos, recordings, and materials for educational purposes unless directed otherwise by the signee. Please check the box below.

Yes, I consent

No, I do not consent

Signature of Participant or Guardian

Date

Printed Name