



## **Photo and Video Release Form**

Please Print:

Name: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

I hereby give my permission to Fish Eye Project and any other person designated by Fish Eye Project to take photographs and other recordings of myself. I understand that Fish Eye Project and partner organizations may use the photos in publications, on its website, in social media applications, in advertising and for use in connection with the activities of Fish Eye Project for non-commercial use in promoting or publicizing the organization or its activities. I expressly release Fish Eye Project, its directors, employees and volunteers from and against any and all claims that I may have for invasion of privacy, defamation, or any other cause of action arising out of publication of these photos.

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

(Parent/Guardian must sign if participant is a minor or has a legal guardian)

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

Address: \_\_\_\_\_