

## PHOTOGRAPHY/VIDEO RELEASE

I am the parent or legal guardian of	(the "Child"). In
I am the parent or legal guardian of consideration for providing the Child the opportunity to participate in and any related events or activities organized and operated by Island Kids, Inc.	((T 1 1 TZ: 1 2)
and any related events or activities organized and operated by Island Kids, Inc. I, with the intention of binding myself, the Child, my spouse or domestic particles.	
assigns and agents, and any other parent or legal guardian of the Child (	, ,
"Releasors"), hereby irrevocably authorize Island Kids, its affiliates, licensee	` • •
successors, and each of their officers, directors, employees and agents (	collectively, the
"Releasees"), to photograph, record and interview the Child, and to use su	
recordings and interviews containing the Child's name, image, likeness and vo Kids promotional or marketing materials, including without limitation brochures	•
newspapers, websites, videos or other materials or publications in print, audio, of	
or visual media (collectively, the "Materials").	,
I hereby release and hold harmless the Releasees from any claims, demands, cau	ses of action and
liabilities of any kind whatsoever, including without limitation based on any rig	
privacy or confidentiality, that the Releasors have or may have against the Rele	
of, concerning or relating to the use, publication or republication of the photogrand interviews described above (collectively, the "Claims"). I voluntarily was	
bring any claim, lawsuit, cause of action or demand of any kind whatsoever base	
	•
I further acknowledge that the Child's participation in Island Kids programs are and activities is voluntary, and I understand that Island Kids will not provide contains the containing t	
Child or to me for the use of the Child's name, photograph, recording or	
Materials. By signing this document, I hereby waive any rights to any compe	nsation resulting
from the use of such name, photographs, recordings or interviews of the Child a	arising now or a
any time in the future.	
I understand that this release represents the entire agreement and understanding	
Island Kids with respect to the release of the name, photographs, recordings or	interviews of the
Child.	
By signing below, I acknowledge that I understand and agree to the above statem	nents.
Parent/Guardian Signature:	
Printed Name:	
Relationship to Child:	
Date:	