



## Martin Miracles, Inc. Photograph & Video Release Form

I agree and consent to allowing Martin Miracles, Inc. the right to photograph and/or video record my child who receives a tutoring scholarship from Martin Miracles, Inc., and to grant Martin Miracles, Inc. the right of ownership, retention, and use in its sole discretion of the photograph and/or video recording. I hereby grant full permission to Martin Miracles, Inc. for use for marketing materials, event presentations, programs, motion picture film or tape, website, research studies, grant proposals, interviews, and any other means related to representing Martin Miracles, Inc. without payment or any other consideration. I understand that my image(s) or my child's may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product. Additionally, I waive any right to royalties or other compensation, direct or indirect, arising or related to the use of my child's image or recording.

By signing this release, I understand this permission signifies that photographic and/or video recordings of my child may be electronically displayed via the Internet, electric media, printed media, or in the public educational setting. Further, by signing below, I represent and expressly acknowledge that as the parent/guardian of \_\_\_\_\_, I have the right and capacity to enter into this release form as set forth herein.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. This release applies to photographic, audio and/or video recordings collected on behalf of Martin Miracles, Inc.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

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

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email or mail completed application and all supporting documents to:

apply@martinmiracles.org

or

Martin Miracles, Inc. - P.O. Box 4328 - Cave Creek, AZ 85327

For office use only:

Date received \_\_\_\_\_  
Signature of receipt \_\_\_\_\_