



PHOTO / VIDEO / AUDIO PUBLICATION AUTHORIZATION

I authorize Freedom Rowers and others permitted by Freedom Rowers to photograph, videotape and/or audiotape me (or my minor child) or create other electronic images of me (or my minor child) while participating in Freedom Rowers activities and events or while participating in projects sponsored by Freedom Rowers and/or their affiliates and sponsors. I grant to Freedom Rowers and others authorized by Freedom Rowers the absolute and irrevocable right and unrestricted permission in respect of photographic portraits or pictures that he/she had taken of me or in which I may be included with others, to use, reuse, publish, and republish the same in whole or in part, individually or in any and all media now or hereafter known, and for any purpose whatsoever, for illustration, promotion, art, editorial, advertising, and trade, or any other purpose whatsoever without restriction as to alteration; and to use my name in connection therewith.

Subject to the following limitations:

I understand that I have a right to revoke this authorization at any time by presenting a written, signed revocation to the Freedom Rowers. However, I understand that the revocation will not apply to information and materials that have already been prepared, used or disclosed pursuant to this authorization.

I waive the right to inspect or approve such photographs, videos, audiotapes and other images prior to use or disclosure and waive any right to compensation relating to the use, disclosure, or publication of such materials.

I agree to hold Freedom Rowers, its officers, employees, contractors, volunteers, successors and assigns, and persons making images or audiotapes of me, harmless from and against any claim for injury or compensation resulting from the uses and disclosures authorized by me.

I am of full age and have the right to contract in my own name. If signing for a minor, I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with the contents thereof. This release shall be binding upon me (and the minor), and our respective heirs, legal representatives, and assigns

Unless otherwise revoked, this authorization will expire when such photographs, videos, audiotapes and images are no longer needed for the purposes identified above.

NONE: I do NOT AUTHORIZE photography of myself or my minor child to be photographed, videotaped and/or audiotaped.

Printed name of Subject

Date

Signature of Subject (or Parent/Guardian if Minor)

Signature of Witness

If Signed by Parent/Guardian, Relationship to Subject

Mailing Address

Phone Number