



Photographic and Video Release Agreement and Consent

I hereby grant permission to the Girls Technology Day program to take photographs, video recordings, and/or sound recordings of me and to use my image with or without use of my name for educational and promotional purposes, such as recruitment, retention, and informational purposes, which may include placement on the program's website, brochures, slideshows, and other publications at the discretion of the Girls Technology Day program.

I understand that all such photographs, video recordings, and/or sound recordings of me, in whatever medium, shall remain the property of the Girls Technology Day program and its sponsors, and I waive any rights, claims, or interests I may have to control the use of my identity or likeness in them and agree that any uses described herein may be made without compensation or additional consideration of me.

I have read the contents of this RELEASE, and I am signing this as a free and voluntary act, irrevocably binding myself and my heirs.

Print Name: _____

Signature: _____

Date: _____

Parent / Guardian Consent for Minor (under the age of 18)

I, being the **parent** or **guardian of the above named minor**, hereby consent to and join in the foregoing release and consent on behalf of said minor.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

Date: _____