



## PHOTO/VIDEO RELEASE FORM

The Soares Kildare Science Foundation, Inc.

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

Parent/Guardian Name (if under 18): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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### Authorization and Release

I hereby grant **The Soares Kildare Science Foundation, Inc.** its affiliates, agents, representatives, employees, volunteers, and assigns, the irrevocable and unrestricted right to take, use, and publish photographs, video or audio recordings, and written or spoken statements of me (or my child if under 18), in any media format, including but not limited to print, digital, and web-based platforms, for the purpose of promoting, publicizing, or documenting the mission and work of the Foundation.

I understand that the materials may be used in promotional materials, press releases, social media, websites, newsletters, educational materials, fundraising campaigns, or other communications related to the Foundation's activities.

I waive any right to inspect or approve the finished materials, and I understand that I will not receive any compensation for the use of these materials.

I release and hold harmless **The Soares Kildare Science Foundation, Inc.** from any claims, demands, and liabilities in connection with the use of such materials.

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### Please check one:

- ☐ I am 18 years of age or older and have read and agree with this release.
- ☐ I am the parent or legal guardian of the minor named above, have read, and give my full consent in agreement with this release.

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

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

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