



Silent Voices Speak™

SILENT VOICES SPEAK LOUD CONSENT FORM AND RELEASE FOR MINOR CHILDREN

I represent that I am at least eighteen (18) years of age and am fully competent to sign this Release. THIS IS A RELEASE OF LEGAL RIGHTS. READ IT CAREFULLY AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING (Both parents should sign, if possible)

I am the parent/guardian of _____ (print full name of child), hereinafter ("My Child"). I hereby grant Silent Voices Speak Loud ("SVSL"), and its agents the absolute irrevocable right and permission to use photographic portraits, pictures, digital images, recordings, or videotapes of My Child, or in which My Child may be included in whole or part, or reproductions thereof in color or otherwise for any lawful purpose whatsoever, including but not limited to use in any publication or on the SVS website, without payment or any other consideration. The parent/guardian assigns all interests, including copyright, in the photographic portraits, pictures, digital images, recordings, or videotapes of My Child

I hereby waive any right that I may have to inspect and/or approve the finished product or the copy that may be used in connection therewith, wherein My Child's likeness appears, or the use to which it may be applied. I hereby release, discharge, and agree to indemnify and hold harmless SVSL and its agents from all claims, demands, and causes of action that I or My Child have or may have by reason of this authorization or use of My Child's photographic portraits, pictures, digital images, recordings, or videotapes, including any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said images, recordings, or videotapes, or in processing tending towards the completion of the finished product, including publication on the internet, in brochures, or any other advertisements or promotional materials. We/I hereby certify that We/I are/am the parent(s) or guardian(s) of the above named child and do hereby give our/my consent without reservation to the foregoing on behalf of My Child.

Mother/Guardian's Signature

Date

Mother/Guardian's Printed Name

Primary Phone Number

Father/Guardian's Signature

Date

Father/Guardian's Printed Name

Primary Phone Number