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Photo / Video Release Form

Date:

Title of Video:

Author of Video:

I hereby give permission for images of me or my child, captured during The LeadsOnline Scholarship Video Project to be used solely for the purposes of LeadsOnline. I waive any rights of compensation or ownership thereto. In addition, I hereby authorize the reproduction, copyright, exhibition and/or distribution of said production without limitation.

Name of Participant (print):

Participant Signature:

Age:

If participant is under the age of 21:

Name of Parent / Guardian (print):

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Applicant: Releases must be mailed with scholarship application. Make sure your name appears clearly on each release so we can put it with the rest of your application. Every person who appears in your video must sign a release. Please mail all forms to:

Attn: LeadsOnline Scholarship
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