



# Release Form for Media Recording

Please complete and attach to application.

I, \_\_\_\_\_, do hereby consent and agree that Bauer Family Resources, its employees, or agents have the right to photograph, videotape, or digitally record me and to use these photographs, videos, or recordings in any Bauer Family Resources media and all media, now or hereafter known, and exclusively for the purpose of Bauer Family Resources or its agents. I further consent that my name and identity may be revealed by descriptive text or commentary.

I do hereby release to Bauer Family Resources, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Bauer Family Resources is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

Should I be selected as an award recipient, I understand that information from my application essays will be used in 2021 Celebrate Youth future publications by Bauer Family Resources. If there is information that I would prefer not to be shared, I must let Bauer staff know at least 2 weeks prior to the event.

Should I be selected as an award recipient, I consent to speak to representatives of the media prior to, during, or after the Celebrate Youth! Banquet.

Yes \_\_\_\_\_ No \_\_\_\_\_

I represent that I am at least 18 years of age, and have read and understand the foregoing statement, and am competent to execute this agreement

*OR*

if I am under 18 years of age, an appropriate parent or guardian had read and understood the foregoing statement and is competent to execute this agreement.

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

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_