

Angels in Disguise, Inc.

Video Release Form

Name of Person Submitting Video Entry: _____

Parent or Legal Guardian's Full Name: _____

Role in the Video Submission: (circle) Actor Director Other: _____

I hereby grant Angels in Disguise permission to use videos taken of myself/son/daughter, _____, in all of its social media and online platforms, including but not limited to all of Angels in Disguise, Inc.'s online and in-person events, in all formats and mediums for current or future use.

I acknowledge that my own/my child's participation with Angels in Disguise is voluntary and therefore I will not be compensated financially. Additionally, I waive any right to royalties or other compensation arising or related to the use of this video.

I affirm that I am the person, or the parent or legal guardian of the participating minor, listed on this form. I have read and understand the authorization above. This agreement is binding on me and my heirs, executors, or any other legal representatives.

Signature of Participant/Legal Guardian _____ Date _____