

# ESLT Photo Release Form

## Permission to Use Photographs and/or Video

I grant to ESLT, its representatives, and employees the right to take photographs/video of me and/or my property in connection with the ESLT event or volunteer activity I am attending. I authorize ESLT, its assigns, and transfers to copyright, use, and publish the same in print and/or electronically.

I agree that ESLT and/or its authorized representatives may use such photographs/video of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I do **NOT** give my permission\_\_\_\_\_Initials

## Signature

My signature below certifies that I understand all provisions of this agreement and that this agreement supersedes all prior agreements, understandings and representations concerning my participation in any ESLT event.

Child's name: \_\_\_\_\_

Parent's name: \_\_\_\_\_

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

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