Vax Up Competition Release and Consent Form

Release & Consent Form I hereby give permission to the California African-American Association Superintendent & Administrators (hereinafter referred to as) CAAASA to use: My Likeness, Photographs, Audio recordings, Visual recordings, Locations, etc.

I hereby authorize CAAASA to edit, alter, copy, exhibit, distribute and publish in print, video, audio recorded productions, and on the World Wide Web this material for purposes of publicizing CAAASA programs or other lawful purpose without payment or any other consideration. By signing this document, I understand that: The materials will be used only for nonprofit/educational purposes.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. I hereby hold harmless and release and forever discharge CAAASA from all claims, demands, liability and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. If I am a minor, my Parent or Guardian must sign for me.

		Signature
Date Printed Name		
Minor's Name		
Address		
City, State & Zip		
Student phone number	Student email	
Parent and/or Guardian phone number	Parent email	

I hereby give permission to CAAASA to use: Photographs Audio recordings Visual recordings Other Description: Person/s featured: Credit should be given to: hereby authorize the [Individual/Organization] to edit, alter, copy, exhibit, distribute and publish in print, video, audio recorded productions, and on the World Wide Web this material for purposes of publicizing [Individual/Organization] programs or other lawful purpose without payment or any other consideration. By signing this document, I understand that: * The materials will be used only for nonprofit/educational purposes. * The above-named individual/organization will not release the materials to any other nonprofit or commercial entity without seeking my permission. * Any proceeds from the sale of published or printed matter containing the materials will be used to support the mission of the above named nonprofit organization. (if applicable) * The materials will become the property of [Individual/Organization], stored in a place chosen by [Individual/Organization] and will not be returned to me. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. I waive any right to royalties or other compensation arising or related to the use of the materials. I hereby hold harmless and release and forever discharge the [Individual/Organization] from all claims, demands, liability and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. [optional clause] In addition, I would like to specify the following conditions for use of the materials: This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. I have read this release before signing below and I

Signature Date	Printed Name
	Address
	City, State & Zip
	Phone number Alt Phone
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*******	**
Signature of Collector Date	e On behalf of the above named organization
