

## ***Photo and Video Release Form***

I grant to IGNITE, its representatives and employees the right to take photographs and videotape of me. I authorize IGNITE, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that IGNITE may use such photographs 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 have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_

(if under age 18)