



Release Form

By signing this release form, I authorize The PbS Learning Institute, Inc. (PbS) to use the following personal information:

1. My picture – including photographic, motion picture, and electronic video images
2. My voice – including sound and video recordings.

PbS may use your video or audio recording in its marketing material, including but not limited to website, print media, conferences and social media. I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for PbS Learning Institute’s use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that might be applied.

I acknowledge that I have read the foregoing and I fully understand the contents.

IN WITNESS WHEREOF, I have executed this release on the \_\_\_\_ day of \_\_\_\_\_, 201\_\_ .

Print Name: \_\_\_\_\_

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

Facility: \_\_\_\_\_

**Verified by:**

Print Name: \_\_\_\_\_

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

**If Participant is a minor:**

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

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

If Participant is a minor and the facility has the authority to act on behalf of the participant’s parent/guardian.

I hereby certify that the above signed is in the custody of \_\_\_\_\_. The person to whom this release applies is under the age of eighteen years and I have the authority on behalf of (facility) \_\_\_\_\_ to execute this release on his/her behalf. I approve the foregoing and agree that we both shall be bound thereby.

Print Name: \_\_\_\_\_

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

