



## Photograph & Video Release Form

I, \_\_\_\_\_ hereby grant permission to the rights of my child's \_\_\_\_\_ image, likeness and voice as recorded on audio or video tape without payment or any other consideration. I understand that my child's image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my child's image or recording. **I understand this material will be used solely for the use of the website [www.wordartbyshalomisrael.com](http://www.wordartbyshalomisrael.com) and [www.alphakey.club](http://www.alphakey.club) as well as incorporated into a video montage for the annual Word Art by ShalomIsrael event showcase purposes.** I also understand that my photo or video submission is not guaranteed to be used.

Photographic, audio or video recordings submitted may be used for the following purposes/sessions:

- educational presentations on alphakey.club and/or wordartbyshalomisrael.com
- informational presentations on alphakey.club and/or wordartbyshalomisrael.com
- Word Art by ShalomIsrael gallery annual event video footage

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in a gallery event setting.

**I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.**

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against Word Art by ShalomIsrael.

Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Please mail completed form to Word Art by ShalomIsrael 260 Convent Ave. Apt. 51 NY, NY 10031.\*\***

**Completed forms may also be scanned and emailed to: [info@alphakey.club](mailto:info@alphakey.club)**

Submissions will not be used until a signed releasee is received.