

Video Release Form

I, _____

(Please print or type your name)

hereby consent to being photographed, filmed, videotaped, and/or recorded by representatives or agents of Kornblue Kicking School; and I hereby consent and authorize the use and reproduction by Kornblue Kicking School, or any individual or entity authorized by Kornblue Kicking School of any and all photographs, film, videotapes, and/or recordings taken of me.

I understand that I will not receive any compensation for the use of the photographs, film, videotapes, or recordings.

I further understand that negatives, photographs, videotapes, and recordings shall be the property of Kornblue Kicking School, and that Kornblue Kicking School shall own the copyright to all such materials.

I understand that this release covers all internal and external uses of the images and recordings described above, in print, digital, internet and all other formats and media now know or to be developed.

(Please sign your name above, or parents or guardian if minor)

Date _____

Address _____

City _____

State _____ Zip _____

E-Mail _____