

Our Teen Life Photograph & Video Release Form

I hereby grant permission to the rights of mine or my child/rens image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration (universal liscence). I understand that mine or my child/rens image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of mine or my child/renss image or recording. I also understand that this material may be used in diverse settings within an unrestricted geographic area.

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

- Website playback
- Print advertisement
- Web advertisement
- Website blogs
- Commercial/advertisement videos

By signing this release I understand this permission signifies that photographic or video recordings of me or my chil/rens be electronically displayed via the Internet or in the public advertising 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 submitted by myself or my child/rens to be included on the Our Teen Life Show aired on www.ustream.com, www.youtube.com and www.ourteenlife.com.

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 any person or organization utilizing this material for the purposes stated above.

Privacy Policy: None of the information obtained through this release form will be shared with a third party. You will not receive any advertisements or be put on a mailing list except in the instance that Our Teen Life must contact you for follow up to your video submission.

Each child, adult or sibling group that is featured in your video MUST have a release form signed and either emailed to us at:

IwanttopeonOTL@ourteenlife.com

Or electronically uploaded per the sites instructions.

Or fax it to us at: 1-651-538-3775

Name of video and or video files submitted: _____

Please fill in the Full Names of every person appearing in this video. (please type or print clearly)

_____ 19 or over? ___ yes ___ no: if no parent initial _____

_____ 19 or over? ___ yes ___ no: if no parent initial _____
_____ 19 or over? ___ yes ___ no: if no parent initial _____
_____ 19 or over? ___ yes ___ no: if no parent initial _____
_____ 19 or over? ___ yes ___ no: if no parent initial _____
_____ 19 or over? ___ yes ___ no: if no parent initial _____
_____ 19 or over? ___ yes ___ no: if no parent initial _____
_____ 19 or over? ___ yes ___ no: if no parent initial _____

Person submitting:

Street Address/P.O. Box _____

City _____

Prov/Postal Code/Zip Code _____

Phone _____ Fax _____

Email Address _____

If over 19 Signature _____ Date _____

If over 19 Signature _____ Date _____

If over 19 Signature _____ Date _____

If over 19 Signature _____ Date _____

If over 19 Signature _____ Date _____

If over 19 Signature _____ Date _____

If this release is obtained from a presenter under the age of 19, then the signature of that presenter's parent or legal guardian is also required. One parent for ever child or family (group of children) is required.

Parent's /Guardian's Signature _____ Date _____

Parent's /Guardian's Signature _____ Date _____

Parent's /Guardian's Signature _____ Date _____

Parent's /Guardian's Signature _____ Date _____

Parent's /Guardian's Signature _____ Date _____