



## Audio/Image/Video Subject Release Consent Form

I, the undersigned, do hereby consent to the use by the National Council of Teachers of English (NCTE) of my image, voice, or both, in (1) the audio, image, video file described below; and (2) any audio, image, video file reproduced either in whole or in part from the audio, image, video file described below regardless of how NCTE has used these materials.

In addition, I waive all claims to compensation or damages based on the use of my image or voice, or both, by NCTE. I also waive any right to inspect or approve the finished photograph or video or audio tape.

I agree that all such portraits, pictures, photographs, video and audio recordings and any reproductions thereof, and all plates, negatives, recording tape, and digital files shall remain the property of NCTE, unless otherwise noted.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on my heirs and assigns.

I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned. I further attest that I have read this consent form and fully understand its contents.

File name and/or description \_\_\_\_\_

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of participant: \_\_\_\_\_

Address of participant: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Email of participant: \_\_\_\_\_ @ \_\_\_\_\_

### **Minor Subject - If under the age of 18**

Name of Minor (please print): \_\_\_\_\_

### **Authorization**

To be completed by parent or guardian of above-named minor.

By my signature below, I irrevocably consent to and authorize the use and reproduction by the above-named audiographer, videographer or photographer, or anyone authorized by him/her, of any and all images or audio taken of the minor on or about the date of \_\_\_\_\_, for any purpose whatsoever, without compensation to me or to the minor. The audio, image and video files and derivatives thereof shall be the sole property of NCTE unless otherwise specified.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent or Guardian \_\_\_\_\_

### **Internal use only**

Photographer/videographer/audiographer: \_\_\_\_\_ email \_\_\_\_\_