

Interact Club of Howard County

Name: _____

Subject Matter: Interact Club of Howard County
Activity

By signing this Permission and Release, I hereby grant to the Interact Club of Howard County and its representatives (whether independent contractors, employees or otherwise) the following:

1. the right to record me, my likeness, my property and/or my voice (including the content thereof) via any medium – including but not limited to still photographs, video recordings (with or without sound) and audio recordings – in connection with the above-identified Subject Matter (referred to herein as the “**Content**”); and
2. the right and a license to copyright, use, reproduce and publish the Content in print and/or electronically via any medium, including but not limited to over the Internet.

I agree that the Content may be combined with other images, text, graphics, film, audio, audio-visual works; and may be cropped, altered or modified, and that such alteration or modification may include using the recording of my voice independently from my likeness or photographs.

I agree that the Interact Club of Howard County may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I agree that I have no rights to the Content, and all rights to the Content belong to the Interact Club of Howard County. I acknowledge and agree that I have no right to consideration, and that I will make no claim for any reason to the Interact Club of Howard County. I acknowledge and agree that this Permission and Release is binding upon my heirs and assigns. I agree that this Permission and Release is irrevocable, worldwide and perpetual, and will be governed by the laws of the state of Maryland.

Consequently, the Interact Club of Howard County may publish materials, use my name, photograph, and/or make reference to me in any manner that the Club deems appropriate in promoting its mission.

I represent and warrant that I am at least 18 years of age and have the full legal capacity to execute this release.

I have read and understand the above:

Signature of Interactor: _____

Signature of Parent or Guardian: _____

Printed name: _____

Address: _____

Date: _____

*If Interactor is a minor or lacks capacity in the jurisdiction of residence, Parent/Guardian warrants and represents that Parent/Guardian is the legal guardian of Interactor and has the full legal capacity to consent to the use of the Content. If you are signing in this capacity, please enter your details above and your name below.

Parent/Guardian Name: _____, if applicable.