

Recordings Consent & Release (Minor)

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1. STEM Event: Aerospace Future Filming Request – What does working in space look like in the future?

2. Name of Participant (please print): _____

3. Date of Birth (please print): _____

4. Name of Parent/Guardian (please print): _____

- a. I, as a parent or guardian, of the above named participant fully authorize and grant Aerospace and its authorized representatives, the right to print, photograph, record, and edit as desired, the biographical information, name, image, likeness, and/or voice of the above named participant on audio, video, film, slide, or any other electronic and printed formats (known as “Recordings”), in connection with the activities stated above.
- b. I understand and agree that use of the Recordings will be without any compensation to the participant or the participant’s parent or guardian.
- c. I understand and agree that Aerospace and/or its authorized representatives shall have the exclusive right, title, ownership and interest, including copyright, in the Recordings.
- d. I understand and agree that Aerospace and/or its authorized representatives shall have the unlimited right to use the Recordings, with or without the names of the participant or the participant’s parent or guardian, and without any right of inspection or approval, for any purposes stated or related to the above and through the use of mass media, displays, illustrations, brochures, advertising, and/or Web content.
- e. I hereby release and hold harmless Aerospace, its employees, officer, Trustees, agents and authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney’s fees, brought by the participant or the participant’s parent or guardian that relate to or arise from any use of the Recordings as specified above.

My signature shows that I have read and understand the release and I agree to accept its provisions.

Signature of Parent/Guardian: _____

Date: _____

Address: _____

Phone: _____