



## 2017 Illinois High School Radon Video Contest Photograph & Video Release Form

Must be completed by each individual appearing and/or involved with the video (Please Print Clearly)

I hereby grant permission to the rights of my image, likeness, and sound of my voice as recorded on audio or video tape to the American Lung Association in Illinois, Illinois Emergency Management Agency, and USEPA Region 5 without payment or any other consideration. I understand that my 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 my image or recording. I also understand that this material may be used in diverse educational and/or promotional settings within an unrestricted geographic area.

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

- Conference presentations
- Educational presentations, videos, or courses
- Informational presentations
- Educational or promotional uses on the internet
- Other promotional events

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational 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 collected as part of the 2017 Illinois High School Radon Video Contest only.

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 educational or promotional purposes.

Full Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If this release is obtained from a student under the age of 18, then the signature of that student's parent or legal guardian is also required.

Parents Full Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print out, sign, and email to [Stephanie.Huber@lung.org](mailto:Stephanie.Huber@lung.org) OR mail to Attn: Stephanie Huber  
American Lung Association in Illinois 3000 Kelly Lane, Springfield, IL 62711