

## Videography/Photography Release Form

This letter confirms the agreement between you and Adventurer Program regarding your participation in approved Adventurer activities in which you may be photographed or videotaped (the Property) from time to time.

For valuable consideration received, you hereby irrevocably grant to the Adventurer Program, perpetually, exclusively, and for all media throughout the world (including print, non theatrical, home video, CD-ROM, internet and any other electronic medium presently in existence or invented in the future), the right to use and incorporate (alone or together with other materials), in whole or in part, photographs or video footage taken of you as a result of the your participation in approved activities of the Adventurer Program.

You hereby agree that you will not bring or consent to others bringing claim or action against the Adventurer Program on the grounds that anything contained in the Property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on you, violates any other right whatsoever, including, without limitation, rights of privacy and publicity.

You hereby release the Adventurer Program, its directors, officers, successors and assigns from and against any and all claims, demands, actions, causes of action, suits, costs, expenses, liabilities and damages whatsoever that you may hereafter have against the Adventurer Program in connection with the Property.

This agreement shall not obligate the Adventurer Program to use the Property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the Property. The Adventurer Program shall have the right to assign its rights hereunder, without your consent, in whole or in part, to any person, firm or corporation.

AGREED TO AND ACCEPTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Witness

Print Name of Participant: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_