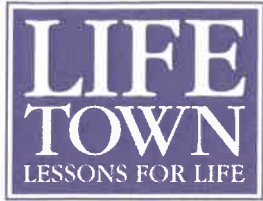




# Photograph & Video Release Form (Student)



**Dates:** \_\_\_\_\_ 2024 - 2025 School Year

**Location:** LifeTown Columbus

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby consent and agree to the following:

1. I hereby grant to LifeTown and its affiliated programs and organizations, Friendship Circle, The Lori Schottenstein Chabad Center, and O.S.U. Chabad House, Inc., and others working for said programs and/or organizations or on its behalf, and each of its respective licensees, successors and assigns (each a "Releasee"), the irrevocable, royalty-free, perpetual, unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, modify, create derivative works of, reproduce or otherwise exploit my minor child's name, picture, likeness and voice (including any video footage of the same) (collectively, "Media"), or to refrain from so doing, anywhere in the world, by any persons or entities deemed appropriate by LifeTown, for any purpose including, without limitation, any use for educational, advertising, non-commercial or commercial purposes in any manner or media whatsoever (whether known or hereafter devised) including, without limitation, on the internet, in print campaigns, in-store, social media and via television. I agree that I have no interest or ownership in any of the Media.
2. I shall have no right of approval, no claim to compensation and no claim (including, without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any use, alteration, blurring, illusionary effect or use in any composite form of my name, picture, likeness and voice. I agree that nothing in this Release will create any obligation on LifeTown to make any use of the Media or the rights granted in this Release. I hereby release and hold harmless Releasees from any claim for injury; compensation or negligence resulting or arising from any activities authorized by this Release and any use of the Media by LifeTown.

**Name of Student:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Name of Parent or Guardian:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

I, hereby consent to the foregoing condition and warrant that I have the authority to give such consent.

**Signature (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Any revisions to the text of this Release must be approved in writing to LifeTown and/or its affiliated programs and/or organizations prior to the activity in order for the changes to be effective.

**The Lori Schottenstein Chabad Center**