

# Media Release Form

## MIND RESEARCH INSTITUTE APPEARANCE RELEASE & AUTHORIZATION

I understand that The MIND Research Institute (the "Producer") is producing a series of presentations in connection with The MIND Research Institute's ST Math Program (the "Presentations") and that my child may be photographed or videotaped in the classroom or elsewhere for inclusion in the presentations.

In consideration of the opportunity for my Child to appear in the Presentations and for other good and valuable consideration, the receipt and sufficiency of which I acknowledge, I hereby grant the Producer complete permission to photograph, record, tape and otherwise reproduce my and/or my child's appearance, performance, photographs, voice, name and likeness as part of the Presentations, as well as in advertisements and publicity for the Presentations. I also grant the Producer the right to distribute, exhibit or sell the Presentations, throughout the world, in perpetuity, in all media and by any means.

All of the releases, waivers and rights I hereby grant to the Producers shall be binding on my heirs, successors, representatives, assigns, agents, and attorneys. I also grant the Producers the right to assign this Release, in whole or in part, to any party. The rights I grant hereunder shall inure to the benefit of any and all of the Producer's successors, assigns and licensees.

I understand that the Producer is relying upon this permission and grant of rights to proceed with the production and distribution of the Presentations. I agree that I will not have the right to terminate or rescind this Release or to revoke any of the rights I hereby grant.

I warrant and represent that I am the natural parent or legal guardian of my child and that I have the full legal right and authority to contract on behalf of my child with respect to the subject matter of this Release and the rights granted to Producers under this Release.

I have read and understand the meaning of this Release and have been given a copy of it to keep.

Agreed to and accepted:


\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Name of minor

\_\_\_\_\_  
Name of parent or guardian

\_\_\_\_\_  
Relationship to minor, if applicable

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Brett Woudenberg CEO  
MIND Research Institute

\_\_\_\_\_  
Phone number