

Media Release Form

Nimiipuu Health



I, _____, hereby grant permission to Nimiipuu Health and/or the United States National Guard, the rights of my image, in video or still, and the likeness and sound of my voice as recorded on audio or video. 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 the 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 settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for ANY USE which may include but is not limited to:

- Presentations
- Courses
- Online/Internet Videos
- Media
- Social Media
- News (Press)

By signing this release, I understand this permission signifies that photographic or video recordings of me may be displayed via the Internet or in a 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 for use in an any setting.

By signing this release, 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.

Full Name-Printed (Parent/Guardian if under 18): _____

Minor Full Name-Printed: _____

Phone Number and/or Email: _____

Email Address: _____

Signature (Parent/Guardian if under 18) _____ Date _____