Rev. 134FDFD

MODEL RELEASE FORM
The Great Lakes Wind Symphony
The Great Lakes Youth Wind Symphony
The Great Lakes Summer Wind Camps
23 Grant Street
Wellsboro, PA 16901

I, (Full Name) _____, and on behalf of my minor-aged camper (Full Name) _____located at (full address)

_____

hereby agree and consent as follows:

A. I consent and authorize The Great Lakes Wind Symphony and their affiliate Summer Winds Camps with main offices located at 23 Grant Street, Wellsboro, Pa 16901, Wellsboro, PA 16901 ("Releasee"), to use: (Check one)

☐ my likeness, image, and appearance
☐ the likeness, image and appearance of my child, _____
☐ I prefer not to have my child's images used.

in any photograph ("Photos") for the event or activity listed below:

- Event/Activity Name: **GLWS Summer Winds Camps and/or Youth Wind Symphony**
- Event/Activity Date(s): __2027-28 GLWS Season_____

B. I grant the Releasee the irrevocable right to use the Photos for lawful commercial purposes, including but not limited to advertising, promotion, marketing, or trade, in any format or publication, whether print or web-based. This consent applies globally, is not limited by time, and includes the right to copy, edit, enhance, crop, or otherwise modify the Photos as needed. I also waive any right to inspect or approve the final product featuring the Photos.

C. I understand and agree that all Photos, including any derivative works, are the exclusive property of the Releasee, and I do not retain any ownership or intellectual property rights to the Photos.

D. (Check one)

☐ I acknowledge that I am not entitled to any compensation, royalties, residuals, or any other form of payment in connection with the Photos.

Initial Here_____

E. I agree to release and forever discharge the Releasee, its affiliates, successors, assigns, officers, employees, representatives, partners, agents, and anyone claiming through them, in their individual and/or corporate capacities, from any and all claims, liabilities, obligations, promises, agreements, disputes, demands, damages, causes of action of any nature or kind, known or unknown, which I, or anyone claiming on behalf of me, may have or claim to have against the Releasee in connection with the use of the Photos.

F. (Check one)

☐ I represent that I am at least 18 years of age and have the full legal capacity to execute this Photo Release Form.

☐ I represent that I am the parent or legal guardian of _____and have the full legal capacity to execute this Photo Release Form on their behalf.

G. I have carefully read and fully understand all the provisions of this Photo Release Form and am freely, knowingly, and voluntarily signing.

H. This agreement shall be governed by the laws of the Commonwealth of Pennsylvania, and any disputes arising from this agreement shall be resolved in the courts of the Commonwealth of Pennsylvania .

I. If any provision of this Photo Release Form is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

_____ _____

Signature Date

_____

Print Name

Upon Completion of this form, send a copy to GLWS at GreatLakesWS44@gmail.com