



PHOTO AND VIDEO RELEASE FORM

I hereby grant William Dickerson dba "Lexi Shimmers/Glamourpuss Productions" the irrevocable right and permission to use photographs and/or video recordings of me on their websites and in their publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation to me.

I understand and agree that such photographs and/or video recordings of me may be placed on the Internet. I also understand and agree that I may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me. I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files are and shall remain the property of William Dickerson dba "Lexi Shimmers/Glamourpuss Productions".

I hereby release, acquit and forever discharge William Dickerson dba "Lexi Shimmers/Glamourpuss Productions", its current and former trustees, agents, officers and employees of the above-named entities from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I hereby warrant that I am over the age of 18 and competent to contract in my own name or, if I am under the age of 18, that my parent or guardian has signed this release form below. This release is binding on me and my heirs, assigns and personal representatives.

Signature of Individual Photographed/Recorded

Date

Printed Name of Individual Photographed/Recorded: _____

Signature of Witness

Date

If individual photographed/recorded is under eighteen (18) years old, the following section must be completed: I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns and personal representatives. I acknowledge that I (Parent/Guardian) am over the age of 18.

Signature of Parent/Guardian of Individual Photographed/Recorded

Date

Printed Name of Parent/Guardian: _____

Signature of Witness

Date