consideration. 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. 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 the following purposes:
> conference presentations
> educational presentations or courses
> informational promotions, presentations or videos

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the 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.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form, 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 for educational/informational purposes.

Full Name_____

Street Address/P.O. Box_____

City_____

Prov/Postal Code/Zip Code_____ Phone _____

Email Address_____

Signature_____ Date_____

If student is under 18 years of age, a Parent or Guardian must sign below.

Parent/Guardian Full Name _____