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PHOTO RELEASE

I hereby consent or do not consent to allow the below named participant to be photographed, interviewed, and/or recorded on film and/or audio/video tape for the purposes of distribution, sale, replay, and/or broadcast in any and all media, including without limitation print, radio, TV, cable, satellite, and/or internet, by the Cleveland Sight Center (CSC) and/or the news media.

The use of the visual image of the below named participant, or information obtained from him or her in an interview or interviews is hereby permitted, provided that any news media presence and/or queries are approved by CSC's spokesperson.

I understand that the image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein it appears. Additionally, I waive any right to royalties or other compensation arising out of or related to the use of the image or recording.

I hereby release and hold harmless CSC and its officers, directors, employees, agents, volunteers, administrators, trustees, and successors from any and all liability for any damages or injury which might arise from the foregoing gathering and/or use of images of or information from the below named participant.

Should I choose not to consent to this form, I understand that it is my responsibility to remove myself and/or my child/ward from any and all media or from mediums that might be reproduced for any purpose deemed appropriate by Cleveland Sight Center.

Child's Name:

Print Guardian's Name:

Parent/Guardian Signature

Date