

Audio and Image Release Form
(Each member of the act must sign a separate release form!)

I/We hereby grant Lupus Foundation of Arkansas, Inc. permission to use my likeness in photographs, video recordings or electronic images, and voice and/or musical instruments in audio recordings in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the organization and will not be returned. I hereby irrevocably authorize the organization to edit, alter, copy, exhibit, publish or distribute these images for purposes of publicizing the organization's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image. I hereby hold harmless and release and forever discharge the organization from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

I am 18 years of age and am competent to contract in my own name, or if I am under age 18, a parent or guardian has signed below. I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

(Signature)

(Date)

(Printed Name)

If the person signing is under age 18 we would ask that that person sign but there must also be the signed consent by a parent or guardian, below:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing release on behalf of this person.

(Parent/Guardian's **Signature**)

(Date)

(Parent/Guardian's **Printed** Name)

Mail To:
LFOA, Inc. Statewide Talent Show
P. O. Box 6144
Sherwood, AR 72124