

# The Exer**Science** Center

## Photo / Video Release Form

I hereby give The ExerScience Center permission to take photographs / videos of me or the minor named below or photographs / videos in which myself or the minor may be involved with others for the purpose of promoting The ExerScience Center. This hereby gives The ExerScience Center the absolute right and permission to use photographs / videos of myself or the minor in composite or retouched in character or form, in conjunction with advertising, or publishing.

I hereby release and discharge The ExerScience Center from any and all claims arising out of these photographs, or any rights that I or the minor may have.

I, \_\_\_\_\_ am of full age, and/or I am able to contract for the minor in the above regard. I have read the foregoing document and fully understand its contents.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

I wish to **DECLINE** this service: \_\_\_\_\_