

heart

hunger education and resource training

Name of Participant: _____
Last First Middle

Contact Information: _____
Address

Phone number Email

I, the participant, hereby consent that the photographs, video recording and/or audio recordings made of my likeness may be used by the h.e.a.r.t. Institute and its assignees or successors, for promotion and sales including television, motion picture, marketing, web marketing and all forms of digital, electronic, and print media. Furthermore, I hereby consent that such photographs, films, recordings, both audio and video are the property of the h.e.a.r.t. Institute, and the h.e.a.r.t. Institute and its assignees or successors have the legal right to sell, duplicate, reproduce, and/or make other uses of such photographs, films,, recording plates, and tapes as they may desire free and clear of any claim whatsoever on the participant's part. I forfeit any and all monetary claim and ownership to media outlined above and for any and all worked produced for, and by, the h.e.a.r.t. Institute. No images and or audio recording of the participant shall be used in pornography or to defame the integrity of the participant.

I, the participant, certify that I agree to all terms above for any and all visits to the h.e.a.r.t. Institute and it's conjoining programming. If I visit in the future and no longer agree to these terms for my future visits, NOT PAST VISITS, I acknowledge that I must submit, in writing, that I wish for my image and it's likeness not be recorded. This document must be postmarked 30 days before the participant's visit to the h.e.a.r.t. Institute and its conjoining programming.

I, the participant, certify that I agree to the terms listed above and understand this is a legally binding agreement between me, the participant, and the h.e.a.r.t. Institute and carries, fully, the full authority of the court of law, as designated in the state of Florida. I have full legal authority to sign this document. I understand all terms and guidelines outlined in this legal document and I certify that signing this agreement without an interpreter or advisor certifies that I need no interpreter or advisor to assist me in understanding this document. I execute it voluntarily and will full knowledge of its significance.

Signature Printed Name Date

Signature of parent or legal guardian if participant is under 18
*If participant, parents, or legal guardians seek legal advising or an interpreter they must sign below.

Signature of Advisor or Interpreter Printed Name Date