



P.O. Box 82889 • Lincoln, NE 68501-2889  
(402) 436-1990 • www.lincolnteammates.org

# TeamMates Image Release

Job: \_\_\_\_\_

Supplier: TeamMates Mentoring Program

Date of Shoot: \_\_\_\_\_

This agreement is between **TeamMates** and (name): \_\_\_\_\_

**By signing this form, you are giving permission for your image (or your son or daughter’s image) to be used in TeamMates marketing materials. Images may be used in television commercials, newspaper articles, websites or other forms of media.**

1. For good and valuable consideration, receipt of which is acknowledged, I hereby grant for the period of time that I am associated with TeamMates (hereinafter referred to as the “Term”) to TeamMates Mentoring Program and to other such persons as **TeamMates Mentoring Program** may designate from time to time, the absolute right and permission to use my likeness and photograph, in whole or in part, or distorted character or form, together with or without written copy for advertising, publicity or trade purposes.
2. I agree that all photographs/video/film of me used and taken by the licensed parties are owned by them and that they may copyright material containing same. If I should receive any print, negative or other copy thereof, I shall not authorize its use by anyone else.
3. I agree that no advertising or other material need be submitted to me for any further approval and the licensed parties shall be without liability to me for any distortion or illusionary effect resulting from the publication of my picture, portrait or likeness.
4. I warrant and represent that this license does not in any way conflict with any existing comment on my part. I have not heretofore authorized (which authority is still in effect), nor will I authorize or permit for the Term hereunder, the use of my name, picture, portrait, likeness or testimonial statement in connection with the advertising or promotion of any product or service competitive to or incompatible with **TeamMates Mentoring Program**.
5. Nothing herein will constitute any obligation on the licensed parties to make any use of any of the rights set forth herein.
6. No personal data other than the information specified will be printed.

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

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

**If releaser is not yet 21 years of age, complete the following:**

I, the undersigned, hereby warrant that I am the parent legal guardian of (name of youth) \_\_\_\_\_, a minor, and have full authority to authorize the above Release, which I have read and approved. I hereby release and agree to indemnify the licensed parties and their respective successors and assigns, from and against any and all liability arising out of the exercise of the rights granted by the above Release.

Signature of Parent or Guardian: \_\_\_\_\_

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

Grade of Youth: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_