

## PHOTO RELEASE FORM OF A MINOR

| I, hereby { | rant and authorize on b | ehalf of the following n | ninor(s) |
|-------------|-------------------------|--------------------------|----------|
|-------------|-------------------------|--------------------------|----------|

| Minor Name | Minor Age | Minor Date of Birth |
|------------|-----------|---------------------|
| 1.         | 1.        | 1.                  |
| 2.         | 2.        | 2.                  |
| 3.         | 3.        | 3.                  |
| 4.         | 4.        | 4.                  |
| 5.         | 5.        | 5.                  |
|            |           |                     |

(the "minor(s)"), Any Day CPR Training, LLC the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration.

This authorization extends to all languages, media, formats and markets now known or later discovered.

This authorization shall continue indefinitely, unless I otherwise revoke this authorization in writing, or the minor(s) revokes this authorization in writing upon reaching majority age.

I waive any right that I or the minor(s) may have to inspect or approve any finished product in which the minor's likeness appears, including written or electronic copy.



I agree that the minor(s) has been compensated for this use of his/her likeness or has otherwise agreed to this release without being compensated. I waive any right to royalties or other compensation arising or related to the use of the photograph.

I understand and agree that these materials shall become the property of **Any Day CPR Training**, **LLC** and will not be returned.

I hereby hold harmless and release **Any Day CPR Training, LLC** from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate and the minor(s) estate(s).

I warrant that I am of full age and have every right to contract for the minor(s) in this regard. I state further that I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with its contents.

This release shall be binding upon the minor(s) and me, and our respective heirs, legal representatives, and assigns.

| Printed Name:             |       |
|---------------------------|-------|
| Relationship to Minor(s): |       |
| Signature:                | Date: |