



## The Vital Pair – Photo and Video Release Form

This Photo and Video release is governed by and in accordance with the laws of the State of Delaware.

**Participant Name:** \_\_\_\_\_

**Parent/Guardian Name (If under the age of 18):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

### **Permission to Use Photos and/or Videos**

I hereby grant **The Vital Pair** and its owners, representatives, affiliates, and partners the absolute right and permission to use my images, video, voice, and/or photographs in the following ways:

- Social Media Posts
- Website Content
- Blog Posts
- Promotional Materials
- Advertising
- Podcasts, Video Recordings, Interviews
- Any digital, print, or public media

This permission includes the right to edit, crop, alter, or modify the media as needed.

### **Rights and Ownership**

I understand that all photographs, videos, and audio recordings taken by or provided to **The Vital Pair** are the property of **The Vital Pair** and may be used at their discretion.

I acknowledge that I will not receive compensation (financial or otherwise) for the use of this media now or in the future.

### **Consent is Voluntary**

I understand that participation is entirely voluntary, and I may decline to be photographed or recorded without any consequences.

I may revoke this consent in writing at any time. Revocation will not affect any media already published or produced.

**Release of Liability**

I release The Vital Pair, its owners, partners, and representatives from any claims, demands, or causes of action that may arise from the use of the media, including but not limited to claims of defamation, invasion of privacy, or misuse.

**Authorization**

By signing below, I confirm that:

I am at least 18 years old OR I am the legal parent/guardian of the child named above.

I have read and understand this release, and I voluntarily agree to its terms.

**Printed Name:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_

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

**Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature (if applicable):** \_\_\_\_\_

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