



COLUMBUS CHILDREN'S CHOIR
PERMISSION AND RELEASE

760 East Broad Street
Columbus, OH 43205
614.220.5555
columbuschildrenschoir.org

For value received, in my capacity as the parent or guardian of _____

Print full name of Child

who is either: () a child under the age of 18 years: or () an adult over the age of 18 years for whom I am legal guardian, and on behalf of such child or adult, I hereby grant to the Columbus and Central Ohio Children's Chorus Foundation, its legal representatives, successors, and assigns, and those acting with its authority and permission (jointly and severally, "Columbus Children's Choir") the right and permission to copyright, use pictorial depictions of and/or video/voice recordings of such child or adult, alone or in conjunction with others, made through any media or process, whether now known or unknown, without restriction as to changes, alternations, or reproductions for distribution, sale, broadcast, exhibition, publication, transmission or any other purpose whatsoever, whether commercial or educational.

I hereby waive any right to inspect or approve such depictions or recordings, the copy or printed or electronic matter that may be used in connection with them, or the use to which they may be applied.

I hereby release and discharge the Columbus Children's Choir from any liability by virtue of, without limitation, any blurring, distortion, alteration, optical illusion, or use in composite form that may occur or be produced in the taking, processing, distribution, broadcast, exhibition or publication or transmission of the depiction or recording.

I certify that I am the parent or guardian of such child or adult, and that I have the authority to make the above grant, waiver, and release on behalf of such child or adult in accordance with the provisions above, and I will indemnify and hold harmless the Columbus Children's Choir from any claim to the contrary or in any way connected to any matter herein released.

I have read and understand the contents of the foregoing Release.

Date _____

Signature of Parent or Guardian

Print Name

Street Address

City State Zip

Telephone