



Turner
Syndrome
Foundation

**PO Box 726
Holmdel, NJ 07733**

NAME & LIKENESS RELEASE

In connection with the production of content for the *Turner Syndrome Foundation Inc*, the undersigned hereby agrees that you may film, videotape, photograph me and record my voice. You shall be the exclusive owner of the results and proceeds thereof with the right to use and to edit my name, likeness and voice in any and all media, including without limitation, theatrical, print television, radio, and video cassettes, in and in connection with the exhibition theatrically, on television or otherwise, of any motion picture, videotape, or other form in which the same may be incorporated and in the advertising, sale, publicity and promotion of any such motion picture, videotape, or product associated therewith. I hereby release and discharge you, your successors, subsidiaries, assigns, agents, affiliates, licensees and advertising agencies from any and all claims, demands, or causes of action which I may at any time have in connection with the use and license of the rights granted herein.

I warrant and represent that I have read the foregoing and fully understand the meaning and effect thereof and, intending to be legally bound, I have signed this release this _____ day of _____, 20____. I am over 18 years of age: Yes____ No____

Name (PRINT) _____

Address _____

Email _____

Signature _____

If the person signing is under the 18 years of age, consent is given by parent or legal guardian as follows:

I hereby certify that I am the parent or legal guardian of _____ named above, and for value received, sufficiency of which is hereby acknowledged, I give my consent without reservation to the foregoing on behalf of him or her.

Name (PRINT) _____ Signature _____
(parent or guardian)