

FWS Authorization for Photographs, Videos and Recordings

Please initial and sign where indicated

_____ I grant to the Foss Waterway Seaport permission to use, re-use, and exhibit Flipgrid videos and recordings (collectively, "graphic records") of me.

_____ I grant to the Foss Waterway Seaport the unrestricted right to graphic records of me and I convey to the Seaport all my rights in and to the graphic records, including my permission to use, re-use, publish and republish the graphic records of me or in which I may be included in whole or in part, and to use the graphic records in any and all of its publications, including but not limited to web sites and program materials, in any media now or hereafter known, for any purpose.

_____ I further waive any right to compensation arising or related to the use of the graphic records or my likeness.

_____ I consent to the Seaport's editing, altering, copying, and exhibiting the graphic records, and I waive any right to inspect or approve the graphic records or any product or material in which my likeness may be used or reproduced.

_____ I understand that the graphic records will become the property of the Seaport, and the Seaport will own and hold the copyright to them.

_____ I hereby release and discharge the Seaport, its employees, officers and members from all claims, demands, causes of action which I, my heirs, representatives, executors, administrators or any person acting on my behalf or the on behalf of my estate, have or may have by reason of this Authorization including but not limited to claims for invasion of privacy.

I affirm that I am over the age of eighteen and competent to contract in my own name and that I have read this Authorization and fully understand its content and meaning.

Signature

Date

Printed Name

In the case of a minor, the Guardian must fill out below

I hereby warrant that I am the parent or legal guardian of the minor named above and have every right to contract for them in the above regard. I state further that I have read the above conveyances, permission representations, releases and agreement and that I consent and hereby agree on behalf of myself and the above minor to its terms.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Please return this form to education@fosswaterwayseaport.org