

**Video Release Form for Minors**

On behalf of the following minor(s) ["Minor(s)"]:

Minor Name	Minor Date of Birth
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

I, \_\_\_\_\_ grant and authorize the International Literacy Association (ILA) the right to take, edit, alter, copy, exhibit, publish, distribute, and make use of any and all pictures or video taken of the Minor(s) to be used by ILA in and/or for any lawful promotional materials including, but not limited to, videos, websites, social networking sites, magazines, newspapers, newsletters, fliers, posters, brochures, advertisements, fundraising letters, annual reports, press kits, 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.

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) agree to this release without being compensated and waive any right to royalties or other compensation arising or related to the use of photographs or video. I understand and agree that these materials shall become the property of ILA and will not be returned.

I hereby hold harmless and release ILA from all liability, petitions, and causes of action which heirs, representative, executors, administrators, or any other persons may make while acting on our behalf.

I warrant that I am of majority 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.

\_\_\_\_\_  
**NAME OF PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**RELATIONSHIP TO MINOR(S)**

\_\_\_\_\_  
**EMAIL**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**LOCATION OF MINOR(S)  
(CITY/STATE OR PROVINCE/COUNTRY)**