



EDUCATIONAL SERVICE UNIT ONE

211 TENTH STREET
WAKEFIELD, NE 68784

PHONE: (402) 287-2061

FAX: (402) 287-2065

www.esu1.org



ESU #1 Photo/Media Release Form

I hereby **AGREE** and **CONSENT** to Educational Service Unit #1, hereinafter referred to as ESU #1, to use my likeness in a photograph, including the use of my name, in any and all of its publications, as they may select, without payment or any other consideration.

I understand and agree that these photographs are the property of ESU #1. I irrevocably authorize ESU #1 to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing ESU #1's programs and/or services, or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge ESU #1 from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Name (Please print): _____

Street Address: _____

City/State/Zip: _____ Phone: _____

I am 21 years of age and competent to contract in my own name. I have read this release before signing below and fully understand the contents, meaning, and impact of this release.

Signature Date

Consent by a parent or guardian is required for any individual under the age of 21:

I hereby certify that I am the parent or guardian of _____, named above, and hereby give my consent without reservation to the foregoing on behalf of this person.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Upon my signature below, I hereby DENY ESU #1 the right to use my photograph and/or likeness for any purpose.

Signature Date