



What do you wish an adult would have told YOU about SEX??

# Permission & Release Form 2020

(complete a separate form for each participant)

Participant Name (print): \_\_\_\_\_ Permission to use name?  YES  NO

Organization ("Ntarupt"): North Texas Alliance to Reduce Unintended Pregnancy in Teens:

Title of Film: \_\_\_\_\_ Date(s): \_\_\_\_\_

School: \_\_\_\_\_

For good and valuable consideration, receipt of which I hereby acknowledge:

I agree to the following (please check all that apply):

- I am giving to the Ntarupt my original statements (or other works) I created ("Original Content")
 I am giving to the Ntarupt (named above) permission to create photos, videotape, audio, other recordings, and transcriptions of me that may include my voice, likeness, name, and statements ("Authorized Recordings")

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I grant Ntarupt the right, without notice to me, to transfer or assign its rights under this Release to any third parties who may exercise the same rights ("Licensees").

I release Ntarupt, Licensees, and all people and entities associated with them of any and all liability to me and/or my property, including but not limited to any claims of defamation, privacy, or publicity, or claims of alleged misrepresentation of me, my character, or my person arising out of the Licensed Work and this Release.

I grant this Release without any expectation of monetary or other compensation now or in the future.

I warrant and represent that this Release does not in any way conflict with any existing commitment on my part.

I certify that either (please check one below):

- I am over 18 years of age and agree to the above.
 I am the parent or guardian of the minor participant named above and I agree to the above on behalf of the minor and myself.

SIGNATURE OF PARTICIPANT NAMED ABOVE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN (IF PARTICIPANT IS UNDER 18 YEARS OLD) \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME OF GUARDIAN \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

(Copy this sheet if more students are on the team.)



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