



Jane Goodall's Roots & Shoots

PHOTO & MODEL RELEASE FORM JANE GOODALL'S ROOTS & SHOOTS NEW ENGLAND REGIONAL SUMMIT

The Jane Goodall Institute will be photographing and filming this event. In consideration of myself, (my child or my ward), as a model, upon the terms herewith stated, I hereby grant to the Jane Goodall Institute and its staff, legal representatives, and affiliates:

- a) the irrevocable and unrestricted right and permission to copyright in its name and distribute, use, re-use, publish, and republish photographs and audio and video recordings of myself, (my child or my ward), now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.
- b) I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied.
- d) I hereby release, discharge and agree to save harmless the Jane Goodall Institute and its staff, legal representatives, and affiliates from any claims for libel or invasion of privacy.
- e) I understand that no compensation will be forthcoming.
- f) I understand that the Jane Goodall Institute has the right to use my (my child's or my ward's) name in conjunction with any photograph or recording of me (my child or my ward).
- g) I understand that this a blanket model release that is binding for any and all photographs and recordings taken by or submitted to the Jane Goodall Institute, now and hereafter known.
- h) I hereby affirm that I am over the age of majority and have the right to contract in my own name (the name of my child or ward). I affirm that I am the parent or legal guardian of my child or ward. I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be legally binding upon me (my child or my ward) and my legal representatives .

Name (printed): _____

(Signed): _____ Dated: _____

Address: _____ City: _____

State/Zip: _____ Country: _____

Phone: _____

E-mail: _____

Witness: _____

If signing for child or ward if under the age of 18:

Dated: _____

Minor's Name: _____

Parent or Guardian Name (printed): _____

Parent or Guardian Name (signed): _____



LIABILITY RELEASE
JANE GOODALL'S ROOTS & SHOOTS NEW ENGLAND REGIONAL SUMMIT

This Liability Release Agreement (the "Agreement") between Jane Goodall Institute and the undersigned is made effective as of _____ (today's date).

For purposes hereof, the term Jane Goodall Institute shall include its donors, agents, servants, workshop presenters, employees and any person associated with the Jane Goodall Institute.

By our signatures below, and in consideration of the Jane Goodall's Roots & Shoots New England Regional Summit, the undersigned Member hereby releases and forever discharges the Jane Goodall Institute from any liability in connection with the execution and fulfillment of the Regional Youth Summit, November 13, 2010. The terms "execution" and "fulfillment" shall include, but are not limited to, any acts committed or omitted in the making of arrangements for, preparation for, and participation in the New England Regional Summit. This release encompasses claims arising from or related to transportation, accommodations, food, medical problems both physical and/or emotional, entertainment, the taking of any photographs and any other activities connected with or related to the event.

Summit Participant

Participant's Name

Legal Guardian's Name

Signature

Date

(or Participant's name if 18 years of age or older)