



# PHOTO AND VIDEO RELEASE

Name of High School

The Brain Injury Alliance of New Jersey (BIANJ) reserves the right to photograph and record, and to collect photographs and recordings of, its events for archival, promotional, advertising and other such purposes. I understand that, through my participation or attendance at a BIANJ event, I may appear in such photographs and/or other recordings, and I grant BIANJ the following irrevocable permissions:

1. I give my full permission to use, publish or submit for publication and photograph(s) or other recording(s) (including but not limited to, videotapes and audiotapes) of me that are made during the course of this event).
2. I give permission for the use of my name in conjunction with any photograph(s) or other recording(s).
3. I waive compensation for any use of my name and/or photograph(s) or other recording(s).
4. I release and discharge the Brain Injury Alliance of New Jersey and its agents from any and all claims and demands arising out of or in conjunction with the use of photographs or other recordings described herein, including, without limitations, any and all claims for libel or invasion of privacy.

*Signature below indicates that the participant (or his/her parent or legal guardian) has read all of the above and fully understands the terms and conditions herein.*

Participant Name *(please print)*

Date

Street Address

City, State, Zip Code

*Signature of a parent or legal guardian is required if participant is under 18 years of age or unable to contract his/her name.*

Name of Parent or Legal Guardian  
*(please print)*

Signature

Date

ADVOCACY ■ SUPPORT ■ EDUCATION ■ OUTREACH ■ PREVENTION