

**RELEASE AND AUTHORIZATION TO RECORD AND USE VOICE, VIDEO
AND/OR LIKENESS**

This Release and Authorization (the "Release") is entered into as of _____, 20____,

By: _____, a "Client" (the "Release") in favor of Expand Your Wings, (the "Company" and together with the Releaser, the "Parties").

I am of the understanding that I am to receive no compensation for my appearance, audio or video recording or recorded sessions. In consideration of the payment of \$0.00 (Zero Dollars) the "Payment" by the Company to the Releaser, the receipt and sufficiency of which is hereby acknowledged and without any further consideration due from Expand Your Wings to the to the "Releaser", the Releaser agrees to the as follows:

1. PARTICIPATION.

I acknowledge that my Guidance Session Audio/Video **and/or** Testimonial Audio/Video, is/was recorded **and** I hereby grant permission to Expand Your Wings the rights and use of my recordings, likeness and sound of my voice, as recorded on audio or video, without payment or any other consideration.

2. I UNDERSTAND:

- That my session may be edited, copied, exhibited, published or distributed for promotional or informational purposes, in writing, or digitally online or in writing. I waive the right to inspect or approve the finished product wherein my likeness appears, but could be notified on where such completed product is, to later view, not edit.
- Photographic, audio or video recordings may be used for the following purposes: *Conference Presentations, Educational Presentations, Workshops or Courses, Informational Presentations, On-line Educational Courses, Educational videos, trainings, testimonial and promotional videos.*
- That I waive any right to royalties or other compensation arising or related to the use of my video/s and/or Audio/Video recording/s.

- I understand that my name **will not be used** without prior permission. By signing in this text box, I authorize Expand Your Wings to use my (Please check one) My First Name &First & Last Name NO name to be used when using my Recorded Voice and/or video recordings.

Signature: _____ **Date:** _____

_____ by signing this release below I understand this permission signifies that photographic, audio or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

_____ there are no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for all purposes listed above.

Signature: _____ **Date:** _____

First Name: _____ **Last Name:** _____

Address: _____ **City:** _____ **Zip Code:** _____