



# Name/Bio/Photo/Audio/Video Release Form

I, \_\_\_\_\_, consent to the use, by Isles, Inc. and its affiliates (and those acting with its permission and authority), of my name, biographical and other information and any and all photographs, films and audio and video recordings (hereafter "likenesses") taken, in whole or in part, for the benefit of Isles, Inc. and its affiliates, including publicity, advertising and commercial use in any form or medium, including, without limitation, its use through or on any print or electronic media, including the Internet, newsletters, brochures, and reports.

I waive any right to inspect or approve the finished product or the advertising copy or printed matter that may be used with my name, information, and the finished likenesses.

Further, I grant to Isles, Inc. a license and relinquish all rights, titles, and interests I may have in the finished likenesses, negative(s) and reproductions in perpetuity. It is understood that Isles, Inc. retains copyright of images at all times under the express understanding and agreement that Isles, Inc. shall have exclusive reproduction rights to the images.

I understand that there will be no payment ever for the use of my name, information and the likenesses. I hereby release Isles, Inc. from any and all claims in contract or tort in connection with my name, information and the likenesses..

\_\_\_\_\_ I am over the age of 18. I have read the above and fully understand its contents.

\_\_\_\_\_ I am the parent or guardian of a minor. I have read the above and fully understand its contents. I hereby grant permission for my child's/ward's name, information, and likenesses to be used in the manner specified above.

Name (please print): \_\_\_\_\_ Age, if a minor: \_\_\_\_\_

Minor's name(s) if applicable: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardians sign for minor children and state your relation to subject \_\_\_\_\_