

TEACHERS HEALTH TRUST CONSENT FORM

I hereby confer on Teachers Health Trust (THT), its officers, employees, contractors, vendors, and agents the absolute and irrevocable right and permission with respect to the photographs or video footage that THT has taken of me, my child or in which I may be included with others:

- a) to copyright the same in THT's name or any other name that THT may select;
- b) to use, re-use, publish and re-publish the same in whole or in part, separately or in conjunction with other photographs or video footage, in any medium now or hereafter known, and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion advertising or trade, and;
- c) to use my name in connection therewith if THT so decides.

I hereby release and discharge THT from all and any claims, liabilities and demands ensuing from or in conjunction with the use of the photographs or video footage, including any and all claims for libel and invasion of privacy.

By my signature below I acknowledge I understand video taken of or submitted by me will be viewed by others including the Clark County School District Board of Trustees. All comments made by me are made freely and such comments are subject to publication and will not remain confidential.

This authorization and release shall inure to the benefit of the legal representatives, licensees, and assigns of THT as well as the person(s), for whom the THT took the photographs or video footage, if any.

I have read the foregoing and fully understand the contents thereof.

Name: _____

Address: _____

Phone: _____

E-mail Address: _____

Signature

Date

FAX BACK TO TEACHERS HEALTH TRUST AT 702-866-6121