

Space Center Houston Image Release Form



Every participant must have a completed Image Release Form submitted no later than five (5) business days prior to the start of camp. Completed Image Release Forms can be faxed to 281-283-7724, emailed as an attachment to camps@spacecenter.org or mailed to Space Center Houston, 1601 NASA Parkway, Houston, TX 77058 ATTN: Education - Day Camps.

1. I hereby grant Space Center Houston, its agents, and affiliates, an irrevocable, non-exclusive, perpetual, royalty-free right and license to photograph, videotape, audio record, televise, duplicate, and/or otherwise record my image, voice, and likeness as well as those of my children and property that I bring to Space Center Houston. I understand that Space Center Houston will own these recordings and images.
2. I irrevocably authorize Space Center Houston and its agents to (1) use, modify, reproduce, display, publish, and distribute these recordings in all forms of media for any purpose, including but not limited to websites, publications, broadcasts, displays, social media, marketing and public relations, meetings, and any other medium; (2) use my name in connection therewith if Space Center Houston so chooses; (3) copyright the same in Space Center Houston's own name.
3. I waive any right to inspect or approve these recordings or material that may be used with them now or in the future, whether that use is known to me or not.
4. I release Space Center Houston, its regents, employees, and agents from all liability arising out of the use of these recordings, including but not limited to any claims arising out of my right of privacy or right of publicity; any claims based on any distortions, optical illusions, or faculty mechanical productions; or any physical damage to tangible property or bodily injuries and death arising out of Space Center Houston's use of these recordings.
5. I understand that Space Center Houston will own all rights to these recordings, and I will not be compensated for any use of these recordings.
6. I have not granted any person or entity any exclusive rights in or to these recordings or my name, and there are no restrictions on the use of the recordings or my name.
7. I hereby warrant that I am of full age and have the right to contract in my own name/for the minor in the above regard. I understand that this is a legal document and represent that I have read it and understand it and am signing it voluntarily. I understand that this Image Release Form contains the entire agreement between the parties with respect to the subject matter hereof. This release shall be binding upon me and my heirs, legal representatives and assigns.

Date Model's (Adult or Child) Printed Name

Country Code, Area Code, Cell Phone (Example: +44 7911 123456)

Email Address

Mailing Address

City

State

Postal Code

Country

Model Signature

Checking this box indicates your refusal, prohibiting the use of your or your child's image.

If under age 18, a parent or guardian must complete the following:

Date

Guardian Printed Name

Country Code, Area Code, Cell Phone (Example: +44 7911 123456)

Email Address

Guardian Signature

Guardian Relationship

Mailing Address

City

State

Postal Code

Country