

**MEDIA BRIDGE GAMEKIDS**

P.O. Box 513, Anahola, HI 96756-0513 USA

Phone (808) 280-9591

E-mail: kahumau@gmail.com

**PERMISSION AND RELEASE FORM** (IMAGE AND/OR VOICE)

FULL NAME OF CHILD/YOUTH \_\_\_\_\_

In consideration of receiving **NO PAYMENT OR COMPENSATION** and other good and valuable consideration for all images SOLD, receipt of which is hereby acknowledged, the undersigned hereby sells and assigns to MEDIA BRIDGE GAMEKIDS, its agents, affiliates, licensees, successors and assigned, the right and authority to use on radio, television, motion picture, CD, DVD, theatrically, in print, electronic internet web publishing, social media (Facebook and Instagram) and in any other media format, and in the promotion or exploitation thereof, reproductions of **my child's image and/or voice** made or produced during the months of January 1, 2017 through December 31, 2017 in all of the Counties and States of the United States of America and consent to the use of my name in connection therewith.

I hereby release MEDIA BRIDGE GAMEKIDS, its agents, affiliates, licensees, successors and assigns, from any and all claims and causes of action that I presently have or may have in the future relating to my participation in the production above mentioned, including but not limited to residual rights to which I may be otherwise entitled.

MEDIA BRIDGE GAMEKIDS is free to exercise its artistic control in preparation of the final product or products derived from my work in the production. MEDIA BRIDGE GAMEKIDS may edit or alter the product, use portions thereof or none at all, all within their sole discretion.

All or any part of MEDIA BRIDGE GAMEKIDS rights hereunder may be licensed, transferred or assigned by MEDIA BRIDGE GAMEKIDS, its respective agents, affiliates, licensees, successors or assigns. I hereby agree to execute, acknowledge and deliver any and all additional assignments and other instruments which in the sole judgment of MEDIA BRIDGE GAMEKIDS may be deemed necessary or expedient to effectuate the purpose or intent of this agreement.

Interpretation of this agreement shall be according to the laws of the State of Hawaii, USA. If any portion of this agreement shall be determined invalid or unenforceable, the remainder of the provision shall remain in full force and effect and shall in no way be affected, impaired or invalidated.

A photocopy of this authorization shall have the same force and effect as the original.

\_\_\_\_\_  
Parent/Guardian Signature                      Date

\_\_\_\_\_  
Parent/Guardian Signature                      Date

Child/Youth Grade (Fall 2016) \_\_\_\_ Birthdate \_\_\_\_ Sex \_\_\_\_ Parent/Guard Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_