



PHOTO, VIDEO, TESTIMONIAL RELEASE FORM

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Student Athlete's Full Name: _____

AUTHORIZATION FOR USE

By signing this document I hereby release to Student Athlete International (SAI) and its officers, agents, employees, independent contractors and/or affiliates the rights of my or my company's photograph, image, likeness, representative's voice as recorded on videotape or film, and any oral or written statement(s), regardless of format (whether they are direct quotes or paraphrased by SAI) for the purpose of promotional videos, publications, and marketing material, including Internet publications.

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PERMISSIONS

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I further acknowledge that:

- (1) I am 18 (eighteen) years of age or older;
- (2) I have read this release in its entirety;
- (3) I fully understand and accept its terms; and
- (4) I have executed this release voluntarily.

Printed name of Student Athlete

Signature of Student Athlete

Email

Phone

Date