

**Indiana Storm Track Club**  
**Consent and Release Form for**  
**Photographing and Videotaping**

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I hereby consent to be photographed and videotaped, and/or have my personal likeness recorded through other visual means (collectively, referred to as "Personal Images"), and authorize Indiana Storm Track Club and/or its affiliates (collectively, "Indiana Storm") to use, release, publish, exhibit, post on the Internet, in CD-ROMs or any other medium any of my Personal Images, as described below and understand and acknowledge by signing this consent form the following:

- By signing this form, I hereby give permission to Indiana Storm to use my Personal Images in whatever medium deemed appropriate by Indiana Storm for any of the following purposes: (i) public relations; (ii) advertising; and (iii) marketing activities. Indiana Storm will not use the Personal Images for any other purposes.
- I understand that my Personal Images may be seen and used by Indiana Storm throughout the world, and hereby give consent to such worldwide use for the purposes stated in this consent form.
- I understand that my consent is voluntary, that I am not required to sign this consent and that I may in fact refuse to sign it, thereby prohibiting Indiana Storm from obtaining or using any Personal Images of me.
- I understand that certain forms of my Personal Images may include my name, personal e-mail, postal address, telephone or fax numbers, and also give consent to their use by Indiana Storm. I also understand that the inclusion of my Personal Images in whatever medium deemed appropriate by Indiana Storm may reveal sensitive health information about me, including health conditions.
- I have the right to revoke my consent at any time, which revocation must be in writing and submitted to **Indiana Storm Track Club, c/o Valerie Vinson, 6326 Kentstone Drive, Indianapolis, IN 46268.**
- I release and discharge Indiana Storm, its officers, agents, and each and all persons involved in creating my Personal Images from any liability connected with the taking, recording, filming or photographs, slides, computer images, videotapes or voice recordings.
- I waive all rights I may have to claims for payment or royalties in connection with any exhibition, televising, Internet posting, or other publication of my Personal Images, irrespective of whether a fee for its use is charged by any third party.

I declare that I am eighteen (18) years old or older and am legally competent to execute this Consent and Release Form under the laws of my country or that I have acquired the written

consent of my parent or legal guardian. I understand that the terms herein are contractual and not a mere recital, and that this Consent and Release Form is legally binding on me.

I have read and fully informed myself of the contents of this Consent and Release Form before signing it. I have had an opportunity to ask questions about the use of my Personal Images, understand their purported use, knowingly consent to such use and voluntarily sign this Consent and Release Form.

**Name of Individual:** \_\_\_\_\_

**Signature of Individual:** \_\_\_\_\_

**Address of Individual:** \_\_\_\_\_

**Phone of Individual:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If Individual is under 18, the parent or legal guardian must sign.**

By signing this Consent and Release Form, I consent to allow the above named minor to participate in the activities described above and allow the information obtained from the above named minor to be used and shared as described above. I represent and warrant that (i) I am eighteen (18) years of age or older and am legally competent to execute this Consent and Release Form, (ii) I have the legal authority to represent the above named minor (iii) I have read and understand this Consent and Release Form and (iv) I have had an opportunity to ask questions about the use of the above named minor's Personal Images, understand their purported use, knowingly consent to such use and voluntarily sign this Consent and Release Form on behalf of the above named minor.

**Spelling of Parent/Guardian Name:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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