



Triskeles

PRACTICE ALIGNED WITH PURPOSE

MEDIA CONSENT AND RELEASE FORM

The Triskeles Foundation requests your permission to use the materials (photos, other recordings) described herein. Please indicate your permission, sign and date the form, and return the form to the Triskeles Foundation at the address shown above. Your permission will assist us with the work of the Triskeles Foundation and youth, mentors, donors and other collaborators to make a positive impact in the world.

Sincerely,



Clemens Pietzner
President

I, the undersigned, have been informed of and understand the nature of the photographs and recordings in which I may appear, as described below. I have read this release and waiver and agree to the terms it describes.

I understand that The Triskeles Foundation is developing literature and potentially online, recorded, and printed materials in which images, voices, words, or work may be used. These materials will be used as examples of practices in reports, stories, and of key participants and collaborators.

I authorize the Triskeles Foundation to: (1) quote me, or record my image, voice, words, or work on photographs and tape; (2) incorporate or excerpt from these images, voices, words, or works at its discretion; (3) produce, reproduce, exhibit, publish and distribute these images, voices, words, or works for informational and educational purposes as part of its resources and best practices that may be available to the public online/on video/in print, or in any other form of media the Triskeles Foundation desires; (4) use or license others to use such images, voices, words, or works in any manner of media, for informational and educational purposes.

Print Student's Name:

I understand that these images, voices, words, or works will not be misrepresented or misidentified in ways inappropriate to their content.

I acknowledge that there were no promises

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made by the Triskeles Foundation of any compensation for participation and understand that I will not receive any compensation from the Triskeles Foundation or anyone associated with either. I understand that the Triskeles Foundation owns the rights to the images, voices, words, and works and will have the right to include them in its copyrighted materials. I agree to release the Triskeles Foundation from any and all liability and responsibility for any claim or cause of action on account of any damages or charges for libel, slander, invasion of privacy or any claim of action based on use of the voice and images authorized in this consent and release form.

I represent that I have the right to enter into this Agreement and that the rights I have granted in this Agreement will not conflict with or violate any commitment or understanding I have with any other person or entity.

I have read and understand the above statements. If I am unable to do so, I have had them read to me and am confident that the individual doing so has read and/or translated the statements truthfully and completely. I acknowledge that I am

of legal age to bind myself to this release and waiver.

This release and waiver has been carried out on behalf of heirs, my wards, and myself and has been made with full knowledge of possible risks involved. The document has been executed in and will be interpreted according to the laws of the state of Pennsylvania.

PERMISSION IS:

Granted

Refused

Signature:

Printed Name:

Date:

Witness:

Please give this form to your school coordinator, if applicable, or mail/fax to:

Mark Birdsall, Director of Youth Programs
TRISKELES FOUNDATION
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Exton, PA 19341-1159

Email: mdbirdsall@triskeles.org

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Triskeles Foundation's Youth Experiential Learning Program respects individuals' right to privacy and uses this information only for our program purposes.