AMERICAN ASSOCIATION OF BLACKS IN ENERGY
South Carolina Chapter

POST OFFICE BOX 7696
COLUMBIA, SC 29202
WWW.AABE.ORG/SOUTHCAROLINA

PICTURE AND VIDEO RELEASE FORM

(ADULT)

I do hereby agree to be videotaped and photographed by the South Carolina Chapter of the American Association of Blacks in Energy (SCCAABE). I give permission for my picture, image and/or voice to be used, without compensation to me, for any purpose in any photograph, video, recording and/or publication that SCCAABE (including its affiliates) may seek to copyright, use, reuse, broadcast and/or republish.

I hereby waive the right to inspect or approve the photograph, video, recording and/or publication in which my image may be used.

_____
Signature

_____
Printed Name

_____
Address

_____ _____
Date City, State, & Zip Code

(CHILD)

I do hereby certify that I am the parent and/or guardian of _____ , a child under the age of 21 years. I do hereby agree for this child to be videotaped and photographed by SCCAABE or one of its affiliates. I irrevocably give permission for this child's picture, image and/or voice to be used, without compensation to either this child or me for any purpose in and photograph, video, recording and/or publication that SCCAABE (including its affiliates) may seek to copyright, use, reuse, broadcast, rebroadcast, publish, and/or republish.

I hereby waive the right to inspect or approve the photograph, video, recording and/or publication in which the child's image may be used.

_____
Signature

_____
Printed Name

_____
Address

_____ _____
Date City, State, & Zip Code

After reading this form, please sign, date and return it to a SCCAABE member via fax or email.