

Photo and Video Release Form

Permission to Use Photographs and Video

Event: _____

Date: _____

Location: **Collins Aerospace Rec Center | 400 Collins Road NE | Cedar Rapids, IA 52498**

I grant to **Collins Aerospace Rec Center**, its representatives and employees the rights to photographs and video taken of me in connection with the above-identified subject. I authorize **Collins Aerospace Rec Center**, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that **Collins Aerospace Rec Center** may use such photographs and videos of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Printed Name

Signature

(If under 18, must be signed by parent or legal guardian.)