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## MEDIA RELEASE

Name of Participant: \_\_\_\_\_

In consideration of my engagement as a scholarship recipient, I hereby grant, in perpetuity, to Igniting Our Nation Bahamas, its successors and assigns, authority and permission as follows:

I perpetually and irrevocably give Igniting Our Nation Bahamas, and its subsidiaries, affiliates, licensees, successors, assigns, agents, and contractors, my consent and authorization use my likeness, including without limitation my name, image, persona, performance, actions, and statements, (my "Likeness").

I waive any right to see or approve any recording of my Likeness and any materials in which my Likeness is used. I agree and understand that my Likeness may be modified or distorted and that my own name, a fictitious name, or no name may be used in association with my Likeness. I agree and understand that my Likeness as recorded under this Release and any materials using my Likeness under this Release are the exclusive property of Igniting Our Nation Bahamas, and I assign to Igniting Our Nation Bahamas, any right, title, or interest I may have in such recordings and materials, including all copyright interests.

I irrevocably release, discharge, and hold harmless Igniting Our Nation Bahamas, and its subsidiaries, affiliates, licensees, successors, assigns, agents, and contractors from any claims, demands, or causes of action that I may now have or may hereafter have for defamation, slander, libel, invasion of privacy or right of publicity, copyright infringement, or any other right arising out of or relating to the recording and/or use of my Likeness.

By signing this Release, I agree and represent that I can enter a contract in my own name, that I have read this Release and fully understand its contents, and that this Release shall be binding upon me and my heirs, legal representatives, and assigns.

Printed Name : \_\_\_\_\_ Phone: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

**If the Participant is Under the Age of 18 Years:**

I warrant that I am the parent or legal guardian of the above-named person (the "Participant"), and I irrevocably consent to and authorize all of the foregoing on behalf of Participant and myself.

Name of Parent/Legal Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_