

PHOTO RELEASE

I, _____, an adult, or the parent/legal guardian of _____, a minor, do hereby on my own behalf or on behalf of the minor grant *My Secret Vacation*, its parent, subsidiaries, related and affiliated entities, officers, directors, partners, shareholders, employees, agents, successors and assigns, the irrevocable right and permission to photograph or otherwise record me or my child/ward to use the photograph or recording for all purposes, including advertising and promotional purposes, in any manner in any and all media now or hereafter known, in perpetuity throughout the world, without restriction as to alteration. I waive any right to inspect or approve the use of the Photograph, and acknowledge and agree that the rights granted by this Release are without compensation of any kind.

I acknowledge and agree that I have no right, title or interest in the Photographs and agree that such Photographs and the copyright therein are the exclusive property of *My Secret Vacation*.

I hereby release and discharge *My Secret Vacation* from any and all claims and demands arising out of or in connection with the use of the Photographs, including any and all claims for invasion of privacy or right or publicity.

I represent and agree that I have the legal capacity and authority to act for and on behalf of myself or for and on behalf of the minor.

This release shall be binding upon me and/or the minor, and my or the minor's heirs, executors, representatives, next of kin, beneficiaries, administrators, successors and assigns.

I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE AND ACCEPT AND AGREE TO ITS TERMS AND SIGN IT VOLUNTARILY.

Signature of Patient and Date

Name of Patient	
Address	