

**GATEWAY TYKES ON TRYKES**

**CONSENT AND RELEASE FOR USE OF LIKENESS IN FILM OR PHOTOGRAPH**

Name of Subject: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I hereby authorize GATEWAY TYKES ON TRYKES and/or third parties on their behalf to photograph, film, video and/or audio record and otherwise make use of my likeness in any and all marketing and promotional materials in connection with the purposes of GATEWAY TYKES ON TRYKES.

I understand that, as a result of such use and use of my likeness, my medical condition may be disclosed, and that I therefore authorize the release of my protected health information thereby for this limited purpose.

I understand and agree that any and all such materials generated or used in connection with the capture of my likeness by GATEWAY TYKES ON TRYKES and the purposes of this consent and release are and remain the sole property of GATEWAY TYKES ON TRYKES.

I understand and agree that no time limit or geographical limit is placed upon the uses of the likeness and/or materials used in connection with the likeness and/or the materials generated in connection therewith.

I hereby release GATEWAY TYKES ON TRYKES and all other persons on their behalf for any and all damages known and unknown, now or in the future, in connection with the filming, recording, photographing or other use of the materials which are the subject of this Consent and Release.

I voluntarily give this consent and release on behalf of myself (or as parent or guardian of the subject named above, on their behalf) and acknowledge that no compensation shall be paid, now or in the future, for the uses of my likeness by GATEWAY TYKES ON TRYKES or anyone else on their behalf.

\_\_\_\_\_  
Subject Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date