

Stormflux Media Release Form

I, _____, grant Stormflux, Hereafter LLC, and parties designated by Hereafter LLC, the irrevocable right to use my name, likeness, image, voice, appearance and/or performance as captured by photo, audio and/or video means (the "Product") for release and/or reproduction in any medium for any legal purpose, including but not limited to training, promotion, art, advertising and general trade.

I acknowledge that I have no interest, ownership, or copyright regarding the Product and that any use of the Product may be made without my compensation or without notice to me. I waive any right to inspect, approve, and/or otherwise control use of the Product.

My Signature below confirms that I have read this Stormflux Release Form and that I understand and comply with its terms and conditions. I also understand that it is my responsibility to contact a Staff Member and fill out new Release Forms if any of my information changes.

Full Printed Name

Mailing Address (Street, City, State, Zip Code)

Signature

Today's Date

(If the person signing is under age 18, a parent or legal guardian must sign below.)

I certify that I am the parent or legal guardian of the individual name above and I give my consent without reservation to the foregoing on his or her behalf.

Parent or Guardian Full Printed Name

Signature

Today's Date
